

#### **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

### **SilverScript Insurance Company**

| NAIC Group  |  | Company Code 12575  | _ Employer's ID Num   | ber20-2833904  |
|---|--|---|---|--|
| Organized under the Laws of   | (Current) (Prior)<br>Tennessee   | , State of Domi   | cile or Port of Entry   | TN   |
| Country of Domicile   |  | United States of America  |   |  |
| Licensed as business type:  |  | Life, Accident & Health   |   |  |
| Is HMO Federally Qualified? Yes [   | ] No [ X]  |   |   |  |
| Incorporated/Organized  | 05/11/2005   | Commenc   | ed Business   | 01/01/2006   |
| Statutory Home Office   | 445 Great Circle Road  |   | Nas   | hville , TN, US 37228  |
|   | (Street and Number)  |   |   | , State, Country and Zip Code)   |
| Main Administrative Office  |  | 445 Great Circle Road   |   |  |
|   | I  | (Street and Number)   |   |  |
|   | hville , TN, US 37228<br>, State, Country and Zip Code)  |   | (Area Co  | 615-743-6600<br>ode) (Telephone Number)  |
| , ,   |  |   |   |  |
| Mail Address  | 445 Great Circle Road<br>(Street and Number or P.O. Box)   | ,   |   | hville , TN, US 37228<br>, State, Country and Zip Code)  |
| Driman, Lasatian of Deales and Deas   | ,  | 445 Great Circle Road   |   | , ,  |
| Primary Location of Books and Reco  | ords   | (Street and Number)   |   |  |
|   | hville , TN, US 37228  | ,   | (4  | 615-743-6600   |
| (City or Town   | , State, Country and Zip Code)   |   | (Area Co  | ode) (Telephone Number)  |
| Internet Website Address  |  | www.silverscript.com  |   |  |
| Statutory Statement Contact   | Xiaoqi Glenn Wang  | ·   |   | 401-770-9669   |
| Xiaogi W  | (Name)<br>ang@CVSCaremark.com  |   | (Are  | ea Code) (Telephone Number)<br>401-733-0136  |
| •   | (E-mail Address)   | ,   |   | (FAX Number)   |
|   |  | OFFICERS  |   |  |
| President   | Todd Dean Meek   |   | Secretary   | Michele Wugalter Buchanan  |
| Treasurer   | Daniel Lee Zablocki #  |   | Actuary   | Rebecca Conway Justice   |
|   |  | OTHER   |   |  |
| Harold Neil Lu  |  | RECTORS OR TRUSTEE  |   | Mayaba Caralya Maara   |
| Mary Kristina M   |  | David Scott Azzolina  |   | Marsha Carolyn Moore   |
|   |  |   |   |  |
| State of  | SS:  |   |   |  |
| County of   |  |   |   |  |
| all of the herein described assets we statement, together with related exh condition and affairs of the said report in accordance with the NAIC Annual rules or regulations require difference respectively. Furthermore, the score | vere the absolute property of the said in<br>bits, schedules and explanations therein<br>period statement Instructions and Accountin<br>nees in reporting not related to account one of this attestation by the described of | eporting entity, free and clea<br>n contained, annexed or refer<br>atted above, and of its income<br>g Practices and Procedures<br>unting practices and proced<br>fficers also includes the relat | ar from any liens or cla<br>rred to, is a full and true<br>and deductions theref<br>manual except to the e<br>lures, according to the<br>red corresponding elec | entity, and that on the reporting period stated above, aims thereon, except as herein stated, and that this e statement of all the assets and liabilities and of the from for the period ended, and have been completed extent that: (1) state law may differ; or, (2) that state best of their information, knowledge and belief, tronic filling with the NAIC, when required, that is an quested by various regulators in lieu of or in addition |
| Todd Dean Meek<br>President   |  | Michele Wugalter Buchanan<br>Secretary  |   | Daniel Lee Zablocki<br>Treasurer   |
| Subscribed and sworn to before me day of  | this   | a. Is this<br>b. If no,<br>1. Sta   | s an original filing?   |  |

3. Number of pages attached.....

### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

| 1   | 2           | 3            | 4            | 5            | 6           | 7          |
|---|-------------|--------------|--------------|--------------|-------------|------------|
| Name of Debtor  | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted   |
| 0199999 Total individuals   | 2,676,623   | 1, 157, 382  | 877,562      | 24,567,739   | 24,567,739  | 4,711,567  |
| Group Subscribers:  |             |              |              |              |             |            |
| Group Subscribers   | (21, 135)   | 1,624,553    | 10,974       | 32,731       | 32,731      | 1,614,392  |
| 0299997. Group subscriber subtotal                                    | (21, 135)   | 1,624,553    | 10,974       | 32,731       | 32,731      | 1,614,392  |
| 0299998. Premiums due and unpaid not individually listed              |             |              |              |              |             |            |
| 0299999. Total group  | (21, 135)   | 1,624,553    | 10,974       | 32,731       | 32,731      | 1,614,392  |
| 0399999. Premiums due and unpaid from Medicare entities               | 20,777,881  |              |              |              |             | 20,777,881 |
| 0499999. Premiums due and unpaid from Medicaid entities               |             |              |              |              |             |            |
|   |             |              |              |              |             |            |
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|   |             |              |              |              |             |            |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 23,433,369  | 2,781,935    | 888,536      | 24,600,470   | 24,600,470  | 27,103,840 |

### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

| 1<br>Name of Debtor   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| Pharmaceutical Rebates  | 352.446.211      | 31 - 00 Days      | 01 - 30 Days      | Over 30 Days      | Nonaumiteu       | 352,446,211   |
| 0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed  |                  |                   |                   |                   |                  | ,,            |
| 0199999. Total Pharmaceutical Rebate Receivables                              | 352,446,211      | 0                 | 0                 | 0                 | 0                | 352,446,211   |
| 0299998. Aggregate Claim Overpayment Receivables Not Individually Listed      |                  |                   |                   |                   |                  |               |
| 0299999. Total Claim Overpayment Receivables                                  | 0                | 0                 | 0                 | 0                 | 0                | 0             |
| 0399998. Aggregate Loans and Advances to Providers Not Individually Listed    |                  |                   |                   |                   |                  |               |
| 0399999. Total Loans and Advances to Providers                                | 0                | 0                 | 0                 | 0                 | 0                | 0             |
| 0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed |                  |                   |                   |                   |                  |               |
| 0499999. Total Capitation Arrangement Receivables                             | 0                | 0                 | 0                 | 0                 | 0                | 0             |
| 0599998. Aggregate Risk Sharing Receivables Not Individually Listed           |                  |                   |                   |                   |                  |               |
| 0599999. Total Risk Sharing Receivables                                       | 0                | 0                 | 0                 | 0                 | 0                | 0             |
| Performance Network Rebate  | 270,634,959      |                   |                   |                   |                  | 270,634,959   |
| 0699998. Aggregate Other Receivables Not Individually Listed                  |                  |                   |                   |                   |                  |               |
| 0699999. Total Other Receivables  | 270,634,959      | 0                 | 0                 | 0                 | 0                | 270,634,959   |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
| 0799999 Gross health care receivables   | 623,081,170      | 0                 | 0                 | 0                 | 0                | 623,081,170   |

#### **EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

|                                       | Health Care Reco                         | eivables Collected<br>the Year |                                      | ceivables Accrued<br>31 of Current Year | 5                             | 6                                     |
|---------------------------------------|--|--------------------------------|--------------------------------------|---|-------------------------------|---------------------------------------|
|                                       | 1  | 2                              | 3                                    | 4                                       |                               | Estimated Health Care                 |
|                                       | On Amounts Accrued Prior to January 1 of | On Amounts Accrued             | On Amounts Accrued<br>December 31 of | On Amounts Accrued                      | Receivables in<br>Prior Years | Receivables Accrued as of December 31 |
| Type of Health Care Receivable        | Current Year                             | During the Year                | Prior Year                           | During the Year                         | (Columns 1 + 3)               | of Prior Year                         |
| Pharmaceutical rebate receivables     | 82,026,016                               | 2,683,815,430                  |                                      | 352,446,211                             | 82,026,016                    | 57,610,056                            |
| Claim overpayment receivables         |  |                                |                                      |   | 0                             | 0                                     |
| Loans and advances to providers       |  |                                |                                      |   | 0                             | 0                                     |
| 4. Capitation arrangement receivables |  |                                |                                      |   | 0                             | 0                                     |
| 5. Risk sharing receivables           |  |                                |                                      |   | 0                             | 0                                     |
| 6. Other health care receivables      | 307,775,511                              | 438,038,201                    |                                      | 270,634,959                             | 307,775,511                   | 305,970,508                           |
| 7. Totals (Lines 1 through 6)         | 389,801,527                              | 3,121,853,631                  | 0                                    | 623,081,170                             | 389,801,527                   | 363,580,564                           |

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

## EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

| Aging Analysis   | of Unpaid Claims |              |              |               |               |           |
|--|------------------|--------------|--------------|---------------|---------------|-----------|
| 1  | 2                | 3            | 4            | 5             | 6             | 7         |
| Account  | 1 - 30 Days      | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total     |
| Claims Unpaid (Reported)                                       |                  |              |              |               |               |           |
| 0199999. Individually listed claims unpaid                     | 0                | 0            | 0            | 0             | 0             | 0         |
| 0299999. Aggregate accounts not individually listed- uncovered |                  |              |              |               |               | 0         |
| 0399999. Aggregate accounts not individually listed-covered    | 2,939,859        |              |              |               |               | 2,939,859 |
| 0499999. Subtotals   | 2,939,859        | 0            | 0            | 0             | 0             | 2,939,859 |
| 0599999. Unreported claims and other claim reserves            |                  | <u> </u>     | <u> </u>     |               |               | 5,210,004 |
| 0699999. Total amounts withheld                                |                  |              |              |               |               |           |
| 0799999. Total claims unpaid                                   |                  |              |              |               |               | 8,149,863 |
|  |                  |              |              |               |               |           |
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| 0899999 Accrued medical incentive pool and bonus amounts       |                  |              |              |               |               | 710,346   |
| 7000000 Modifica modification pool and ponds amounts           |                  |              |              |               |               | / 10.341  |

#### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

| 1  | 2           | 3            | 4            | 5            | 6           | Admi        | tted        |
|--|-------------|--------------|--------------|--------------|-------------|-------------|-------------|
| ·  | _           | Ü            |              | · ·          | Ŭ           | 7           | 8           |
| Name of Affiliate                            | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Current     | Non-Current |
| CVS Caremark Part D Services, L.L.C.         | 207,606,664 |              |              |              |             | 207,606,664 |             |
| 0199999. Individually listed receivables     | 207,606,664 | 0            | 0            | 0            | 0           | 207,606,664 | 0           |
| 0299999. Receivables not individually listed |             |              |              |              |             |             |             |
|  |             |              |              |              |             |             |             |
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|  |             |              |              |              |             |             |             |
| 0399999 Total gross amounts receivable       | 207,606,664 | 0            | 0            | 0            | 0           | 207,606,664 | 0           |

### **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

| 1                            | 2           | 3      | 4       | 5            |
|------------------------------|-------------|--------|---------|--------------|
| Affiliate                    | Description | Amount | Current | Non-Current  |
|                              |             |        |         |              |
|                              |             |        |         |              |
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|                              |             |        |         | <u> </u>     |
| 0399999 Total gross payables |             |        |         |              |

#### **EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

|   | 1              | 2                 | 3       | 4                | 5                    | 6<br>Column 1    |
|---|----------------|-------------------|---------|------------------|----------------------|------------------|
|   | Direct Medical | Column 1          | Total   | Column 3         | Column 1             | Expenses Paid to |
|   | Expense        | as a %            | Members | as a %           | Expenses Paid to     | Non-Affiliated   |
| Payment Method  | Payment        | of Total Payments | Covered | of Total Members | Affiliated Providers | Providers        |
| Capitation Payments:                                      |                |                   |         |                  |                      |                  |
| 1. Medical groups   | 0              | 0.0               |         | 0.0              |                      |                  |
| 2. Intermediaries.  | 0              | 0.0               |         | 0.0              |                      |                  |
| 3. All other providers                                    | 0              | 0.0               |         | 0.0              |                      |                  |
| Total capitation payments                                 | 0              | 0.0               |         | 0                | 0                    | 0                |
| Other Payments:   |                |                   |         |                  |                      |                  |
| 5. Fee-for-service  | 0              | 0.0               | XXX     | XXX              |                      |                  |
| 6. Contractual fee payments                               | 0              | 0.0               | XXX     | XXX              |                      |                  |
| 7. Bonus/withhold arrangements - fee-for-service          | 0              | 0.0               | XXX     | XXX              |                      |                  |
| 8. Bonus/withhold arrangements - contractual fee payments | 0              | 0.0               | XXX     | XXX              |                      |                  |
| 9. Non-contingent salaries                                | 0              | 0.0               | XXX     | XXX              |                      |                  |
| 10. Aggregate cost arrangements                           | 0              | 0.0               | XXX     | XXX              |                      |                  |
| 11. All other payments                                    | 3,079,808,634  | 100.0             | XXX     | XXX              | 3,080,333,049        | (524,415)        |
| 12. Total other payments                                  | 3,079,808,634  | 100.0             | XXX     | XXX              | 3,080,333,049        | (524,415)        |
| 13. TOTAL (Line 4 plus Line 12)                           | 3,079,808,634  | 100%              | XXX     | XXX              | 3,080,333,049        | (524,415)        |

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

| 1              | 2                    | 3               | 4                                | 5  | 6   |
|----------------|----------------------|-----------------|----------------------------------|--|---|
|                |                      |                 | Average<br>Monthly<br>Capitation |  | Intermediary's<br>Authorized<br>Control Level RB0 |
|                |                      |                 | Monthly                          | Intermediary's<br>Total Adjusted Capital | Authorized  |
| NAIC Code      | Name of Intermediary | Capitation Paid | Capitation                       | Total Adjusted Capital                   | Control Level RB0                                 |
|                |                      |                 |                                  |  |   |
|                |                      |                 |                                  |  | 1   |
|                |                      |                 |                                  |  |   |
|                |                      |                 |                                  |  |   |
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|                |                      |                 |                                  |  |   |
|                |                      |                 |                                  | ļ  |   |
| 9999999 Totals |                      |                 | XXX                              | XXX                                      | XXX   |

# Exhibit 8 - Furniture and Equipment Owned **NONE**



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATION               | N)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  |  | NAIC Com                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 71,431            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 71,431     |
| 2. First Quarter   | 76,488            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 76,488     |
| 3. Second Quarter  | 74,293            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 74,293     |
| 4. Third Quarter   | 75,299            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 75,299     |
| 5. Current Year  | 75,508            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 75,508     |
| 6. Current Year Member Months                            | 909,047           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 909,047    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 57,773,133        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 57,773,133 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 61,657,979        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 61,657,979 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 50,709,363        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 50,709,363 |
| 18 Amount Incurred for Provision of Health Care Services | 46,348,665        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 46,348,665 |



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATION               | N)                    |             |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575       |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10          |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other       |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |             |
| 1. Prior Year  | 1,352             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,352       |
| 2. First Quarter   | 1,211             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,211       |
| 3. Second Quarter  | 1,184             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1, 184      |
| 4. Third Quarter   | 1,165             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1 , 165     |
| 5. Current Year  | 1,137             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1, 137      |
| 6. Current Year Member Months                            | 14,262            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 14,262      |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |             |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 12. Health Premiums Written (b)                          | 1,448,175         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,448,175   |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 15. Health Premiums Earned                               | 1,430,096         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,430,096   |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 17. Amount Paid for Provision of Health Care Services    | 1, 107, 168       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1, 107, 168 |
| 18 Amount Incurred for Provision of Health Care Services | 1,011,144         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,011,144   |



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATIO                | N)                    |            |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 59,224            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 59,224     |
| 2. First Quarter   | 59,630            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 59,630     |
| 3. Second Quarter  | 59,398            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 59,398     |
| 4. Third Quarter   | 60,034            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 60,034     |
| 5. Current Year  | 60,419            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 60,419     |
| 6. Current Year Member Months                            | 717,546           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 717,546    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | (          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 38,856,072        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 38,856,072 |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 39,086,307        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 39,086,307 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 29,092,952        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 29,092,952 |
| 18 Amount Incurred for Provision of Health Care Services | 26,588,453        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 26,588,453 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIO                | N)                    |             |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575       |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10          |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other       |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |             |
| 1. Prior Year  | 86,641            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     |             |
| 2. First Quarter   | 94,009            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 94,009      |
| 3. Second Quarter  | 92,283            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 92,283      |
| 4. Third Quarter   | 94,164            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 94 , 164    |
| 5. Current Year  | 94,582            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 94,582      |
| 6. Current Year Member Months                            | 1,126,948         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1, 126, 948 |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |             |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | (           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 12. Health Premiums Written (b)                          | 51,055,718        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 51,055,718  |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 15. Health Premiums Earned                               | 54,751,370        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 54,751,370  |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 17. Amount Paid for Provision of Health Care Services    | 50,238,156        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 50,238,156  |
| 18 Amount Incurred for Provision of Health Care Services | 45,914,832        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 45,914,832  |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIOI               | N)                    |             |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  |  | NAIC Con                | npany Code            | 12575       |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10          |
|  | Total             | Individual         | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other       |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |             |
| 1. Prior Year  | 464,436           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 464,436     |
| 2. First Quarter   | 503,659           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 503,659     |
| 3. Second Quarter  | 499,983           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 499,983     |
| 4. Third Quarter   | 501,504           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 501,504     |
| 5. Current Year  | 504,112           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 504,112     |
| 6. Current Year Member Months                            | 6,019,011         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 6,019,011   |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |             |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 12. Health Premiums Written (b)                          | 355,409,101       | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 355,409,101 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 15. Health Premiums Earned                               | 405,918,722       | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 405,918,722 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 17. Amount Paid for Provision of Health Care Services    | 371,783,418       | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 371,783,418 |
| 18 Amount Incurred for Provision of Health Care Services | 339,841,248       | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 339,841,248 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .......355,409,101



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIO                | N)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 32,296            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 32,296     |
| 2. First Quarter   | 34,126            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 34 , 126   |
| 3. Second Quarter  | 34,190            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 34 , 190   |
| 4. Third Quarter   | 35 , 134          | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 35 , 134   |
| 5. Current Year  | 35,782            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 35,782     |
| 6. Current Year Member Months                            | 414,257           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 414,257    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | (          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 24,288,190        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 24,288,190 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 26,268,579        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 26,268,579 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 21,669,223        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 21,669,223 |
| 18 Amount Incurred for Provision of Health Care Services | 19,809,266        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 19,809,266 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......24,288,190



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

|  |                   |                    |                     |                        | _              |                |  | (LOCATION               | N)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  |  |                         | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | Individual         | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 53,105            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 53, 105    |
| 2. First Quarter   | 54,821            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 54,821     |
| 3. Second Quarter  | 54,022            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 54,022     |
| 4. Third Quarter   | 53,770            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 53,770     |
| 5. Current Year  | 53,707            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 53,707     |
| 6. Current Year Member Months                            | 650,585           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 650,585    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 45,877,797        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 45,877,797 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 49,468,038        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 49,468,038 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 44,092,544        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 44,092,544 |
| 18 Amount Incurred for Provision of Health Care Services | 40,291,500        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 40,291,500 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                   |                   |                        |                |                |  | (LOCATION               | N)                    |              |
|--|-------------------|-------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|--------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                   |                   |                        |                | DURING THE YE  |  | NAIC Com                | npany Code            | 12575        |
|  | 1                 | Comprehensive (Ho | spital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10           |
|  | Total             | Individual        | Group             | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other        |
| Total Members at end of:                                 |                   |                   |                   |                        |                |                |  |                         |                       |              |
| 1. Prior Year  | 13,379            | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,379       |
| 2. First Quarter   | 13,385            | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,385       |
| 3. Second Quarter  | 13,269            | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,269       |
| 4. Third Quarter   | 13,310            | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,310       |
| 5. Current Year  | 13,329            | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,329       |
| 6. Current Year Member Months                            | 160,109           | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 160,109      |
| Total Member Ambulatory Encounters for Year:             |                   |                   |                   |                        |                |                |  |                         |                       |              |
| 7 Physician  | 0                 |                   |                   |                        |                |                |  |                         |                       |              |
| 8. Non-Physician   | 0                 |                   |                   |                        |                |                |  |                         |                       |              |
| 9. Total   | 0                 | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | C            |
| 10. Hospital Patient Days Incurred                       | 0                 |                   |                   |                        |                |                |  |                         |                       |              |
| 11. Number of Inpatient Admissions                       | 0                 |                   |                   |                        |                |                |  |                         |                       |              |
| 12. Health Premiums Written (b)                          | 9,606,770         | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 9,606,770    |
| 13. Life Premiums Direct                                 | 0                 |                   |                   |                        |                |                |  |                         |                       |              |
| 14. Property/Casualty Premiums Written                   | 0                 |                   |                   |                        |                |                |  |                         |                       |              |
| 15. Health Premiums Earned                               | 11, 153,406       | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11, 153, 406 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                   |                   |                        |                |                |  |                         |                       |              |
| 17. Amount Paid for Provision of Health Care Services    | 8,692,592         | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 8,692,592    |
| 18 Amount Incurred for Provision of Health Care Services | 7,942,713         | 0                 | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 7,942,713    |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......9,606,770



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

|  |                   |                    |                     |                        |                |                |  | (LOCATION               | l)                    |           |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  |  |                         | pany Code             | 12575     |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10        |
|  | Total             | Individual         | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other     |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |           |
| 1. Prior Year  | 6,430             | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 6,430     |
| 2. First Quarter   | 6,584             | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 6,584     |
| 3. Second Quarter  | 6,314             | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 6,314     |
| 4. Third Quarter   | 6,307             | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 6,307     |
| 5. Current Year  | 6,204             | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 6,204     |
| 6. Current Year Member Months                            | 76,736            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 76,736    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |           |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C         |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 12. Health Premiums Written (b)                          | 5,542,499         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 5,542,499 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 15. Health Premiums Earned                               | 6,557,117         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 6,557,117 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 17. Amount Paid for Provision of Health Care Services    | 4,909,177         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4,909,177 |
| 18 Amount Incurred for Provision of Health Care Services | 4,485,310         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4,485,310 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

<sup>...</sup> and number of persons insured under indemnity only products ......

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ....



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATION               | N)                    |                 |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575           |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10              |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other           |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |                 |
| 1. Prior Year  | 192,892           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 192,892         |
| 2. First Quarter   | 252 , 126         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 252 , 126       |
| 3. Second Quarter  | 248,271           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 248,27          |
| 4. Third Quarter   | 255,452           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 255,452         |
| 5. Current Year  | 261,790           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 261,790         |
| 6. Current Year Member Months                            | 3,049,794         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 3,049,794       |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |                 |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | (               |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 12. Health Premiums Written (b)                          | 195,362,654       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 195,362,654     |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 15. Health Premiums Earned                               | 213,399,014       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 213,399,014     |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 17. Amount Paid for Provision of Health Care Services    | 174,439,582       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 174 , 439 , 582 |
| 18 Amount Incurred for Provision of Health Care Services | 159,562,062       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 159,562,062     |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATIO                | N)                    |                 |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575           |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10              |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other           |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |                 |
| 1. Prior Year  | 153,354           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 153,354         |
| 2. First Quarter   | 170,109           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 170 , 109       |
| 3. Second Quarter  | 168,786           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 168,786         |
| 4. Third Quarter   | 170,619           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 170,619         |
| 5. Current Year  | 171,595           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 171,595         |
| 6. Current Year Member Months                            | 2,044,009         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 2,044,009       |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |                 |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0               |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 12. Health Premiums Written (b)                          | 112,264,621       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 112,264,621     |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 15. Health Premiums Earned                               | 122 , 176 , 352   | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 122 , 176 , 352 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |                 |
| 17. Amount Paid for Provision of Health Care Services    | 113,563,247       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 113,563,247     |
| 18 Amount Incurred for Provision of Health Care Services | 103,799,879       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 103,799,879     |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......112,264,621



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATIO                | N)                    |           |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575     |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10        |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other     |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |           |
| 1. Prior Year  | 9,476             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 9,476     |
| 2. First Quarter   | 8,900             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 8,900     |
| 3. Second Quarter  | 8,283             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 8,283     |
| 4. Third Quarter   | 8,344             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 8,344     |
| 5. Current Year  | 8,305             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 8,305     |
| 6. Current Year Member Months                            | 103,232           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 103,232   |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |           |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |           |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |           |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0         |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |           |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |           |
| 12. Health Premiums Written (b)                          | 4,044,594         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4,044,594 |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |           |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |           |
| 15. Health Premiums Earned                               | 5,267,599         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 5,267,599 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |           |
| 17. Amount Paid for Provision of Health Care Services    | 4, 173,280        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4,173,280 |
| 18 Amount Incurred for Provision of Health Care Services | 3,812,082         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 3,812,082 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .......4,044,594



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATION               | N)                    |                |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|----------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575          |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10             |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other          |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |                |
| 1. Prior Year  | 20,211            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 20,211         |
| 2. First Quarter   | 20,791            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 20,791         |
| 3. Second Quarter  | 20,810            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 20,810         |
| 4. Third Quarter   | 21,270            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 21,270         |
| 5. Current Year  | 21,322            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 21,322         |
| 6. Current Year Member Months                            | 251,532           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 251,532        |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |                |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |                |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |                |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0              |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |                |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |                |
| 12. Health Premiums Written (b)                          | 16 , 188 , 171    | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 16 , 188 , 171 |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |                |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |                |
| 15. Health Premiums Earned                               | 15,875,564        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15,875,564     |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |                |
| 17. Amount Paid for Provision of Health Care Services    | 12,726,926        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 12,726,926     |
| 18 Amount Incurred for Provision of Health Care Services | 11,631,225        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11,631,225     |



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATIO                | N)                    |             |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Cor                | npany Code            | 12575       |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10          |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other       |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |             |
| 1. Prior Year  | 152,884           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 152,884     |
| 2. First Quarter   | 158,976           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 158,976     |
| 3. Second Quarter  | 157 , 182         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 157 , 182   |
| 4. Third Quarter   | 160,875           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 160,875     |
| 5. Current Year  | 162,598           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 162,598     |
| 6. Current Year Member Months                            | 1,917,276         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,917,276   |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |             |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 12. Health Premiums Written (b)                          | 110,242,619       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 110,242,619 |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 15. Health Premiums Earned                               | 115 , 667 , 734   | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 115,667,734 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 17. Amount Paid for Provision of Health Care Services    | 94,691,522        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 94,691,522  |
| 18 Amount Incurred for Provision of Health Care Services | 86,547,462        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 86,547,462  |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......110,242,619



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIO                | N)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 107,396           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 107,396    |
| 2. First Quarter   | 109,446           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 109,446    |
| 3. Second Quarter  | 109,223           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 109,223    |
| 4. Third Quarter   | 110,755           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 110,755    |
| 5. Current Year  | 111,517           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 111,517    |
| 6. Current Year Member Months                            | 1,320,763         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,320,763  |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 72,463,652        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 72,463,652 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 78,074,871        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 78,074,871 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 71,375,623        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 71,375,623 |
| 18 Amount Incurred for Provision of Health Care Services | 65,230,027        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 65,230,027 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......72,463,652



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATION               | N)                    |              |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|--------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575        |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10           |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other        |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |              |
| 1. Prior Year  | 57,835            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 57,835       |
| 2. First Quarter   | 57,506            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 57,506       |
| 3. Second Quarter  | 57,283            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 57,283       |
| 4. Third Quarter   | 57,457            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 57,457       |
| 5. Current Year  | 57,552            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 57,552       |
| 6. Current Year Member Months                            | 689,667           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 689,667      |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |              |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |              |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |              |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0            |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |              |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |              |
| 12. Health Premiums Written (b)                          | 46 , 124 , 064    | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 46, 124, 064 |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |              |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |              |
| 15. Health Premiums Earned                               | 47,255,805        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 47,255,805   |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |              |
| 17. Amount Paid for Provision of Health Care Services    | 40,637,169        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 40,637,169   |
| 18 Amount Incurred for Provision of Health Care Services | 37,133,723        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 37, 133, 723 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

|  |                          |                    |       |            |        |               |                     | (LOCATION   | ,         |          |
|--|--------------------------|--------------------|-------|------------|--------|---------------|---------------------|-------------|-----------|----------|
| IAIC Group Code 4667                             | BUSINESS IN THE STATE OF |                    |       |            |        | DURING THE YE | AR 2017             | NAIC Com    | pany Code | 12575    |
|  | 1                        | Comprehensive (Hos |       | 4          | 5      | 6             | 7                   | 8           | 9         | 10       |
|  |                          | 2                  | 3     |            |        |               |                     |             |           |          |
|  |                          |                    |       | Medicare   | Vision | Dental        | Federal Employees   | Title XVIII | Title XIX |          |
|  | Total                    | Individual         | Group | Supplement | Only   | Only          | Health Benefit Plan | Medicare    | Medicaid  | Other    |
| Total Members at end of:                         |                          |                    |       |            |        |               |                     |             |           |          |
| 1. Prior Year                                    | 60,359                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 60,35    |
| 2. First Quarter                                 | 63,008                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 63,00    |
| 3. Second Quarter                                | 62,099                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 62,09    |
| 4. Third Quarter                                 | 63,220                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 63,22    |
| 5. Current Year                                  | 63,566                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 63,56    |
| 6. Current Year Member Months                    | 756,402                  | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 756,40   |
| Total Member Ambulatory Encounters for Year:     |                          |                    |       |            |        |               |                     |             |           |          |
| 7 Physician                                      | 0                        |                    |       |            |        |               |                     |             |           |          |
| 8. Non-Physician                                 | 0                        |                    |       |            |        |               |                     |             |           |          |
| 9. Total   | 0                        | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         |          |
| 10. Hospital Patient Days Incurred               | 0                        |                    |       |            |        |               |                     |             |           |          |
| 11. Number of Inpatient Admissions               | 0                        |                    |       |            |        |               |                     |             |           |          |
| 12. Health Premiums Written (b)                  | 40,839,756               | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 40,839,7 |
| 13. Life Premiums Direct                         | 0                        |                    |       |            |        |               |                     |             |           |          |
| 14. Property/Casualty Premiums Written           | 0                        |                    |       |            |        |               |                     |             |           |          |
| 15. Health Premiums Earned                       | 42,678,900               | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 42,678,9 |
| 16. Property/Casualty Premiums Earned            | 0                        |                    |       |            |        |               |                     |             |           |          |
| 17. Amount Paid for Provision of Health Care Sen | vices39,580,900          | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 39,580,9 |
| 18 Amount Incurred for Provision of Health Care  | Services 36,176,426      | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 36,176,4 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

40.839.75

and number of persons insured under indemnity only products .....

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ........



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

|  |                   |                    |                     |                        | _              |                |  | (LOCATION               | l)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  |  | NAIC Com                | pany Code             | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | Individual         | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 88,204            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     |            |
| 2. First Quarter   | 91,608            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 91,608     |
| 3. Second Quarter  | 90,081            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 90,081     |
| 4. Third Quarter   | 91,180            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 91,180     |
| 5. Current Year  | 91,338            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 91,338     |
| 6. Current Year Member Months                            | 1,094,677         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,094,677  |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 63,389,208        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 63,389,208 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 68,408,836        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 68,408,836 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 60,731,746        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 60,731,746 |
| 18 Amount Incurred for Provision of Health Care Services | 55,499,366        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 55,499,366 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ....



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIOI               | N)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 88,711            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 88,711     |
| 2. First Quarter   | 92,940            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 92,940     |
| 3. Second Quarter  | 92,333            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 92,333     |
| 4. Third Quarter   | 92,889            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 92,889     |
| 5. Current Year  | 93,278            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 93,278     |
| 6. Current Year Member Months                            | 1,114,696         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,114,696  |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | (          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 69,074,071        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 69,074,071 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 73,999,890        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 73,999,890 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 67,916,403        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 67,916,403 |
| 18 Amount Incurred for Provision of Health Care Services | 62,059,268        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 62,059,268 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIOI               | N)                    |           |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  |  | NAIC Con                | npany Code            | 12575     |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10        |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other     |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |           |
| 1. Prior Year  | 9,798             | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 9,798     |
| 2. First Quarter   | 10,272            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 10,272    |
| 3. Second Quarter  | 10,229            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 10,229    |
| 4. Third Quarter   | 10,480            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 10,480    |
| 5. Current Year  | 10,700            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 10,700    |
| 6. Current Year Member Months                            | 124,189           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 124, 189  |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |           |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | (         |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 12. Health Premiums Written (b)                          | 7,062,394         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 7,062,394 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 15. Health Premiums Earned                               | 7,726,558         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 7,726,558 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 17. Amount Paid for Provision of Health Care Services    | 5,866,230         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 5,866,230 |
| 18 Amount Incurred for Provision of Health Care Services | 5,363,248         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 5,363,248 |



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIOI               | N)                    |                |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|----------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  |  | NAIC Con                | npany Code            | 12575          |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10             |
|  | Total             | Individual         | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other          |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |                |
| 1. Prior Year  | 68,513            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 68,513         |
| 2. First Quarter   | 72,987            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 72,987         |
| 3. Second Quarter  | 72,118            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 72,118         |
| 4. Third Quarter   | 72,190            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 72 , 190       |
| 5. Current Year  | 72,020            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 72,020         |
| 6. Current Year Member Months                            | 869,424           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 869,424        |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |                |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C              |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 12. Health Premiums Written (b)                          | 55,220,247        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 55 , 220 , 247 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 15. Health Premiums Earned                               | 63,580,916        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 63,580,916     |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 17. Amount Paid for Provision of Health Care Services    | 47,804,066        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 47,804,066     |
| 18 Amount Incurred for Provision of Health Care Services | 43,688,390        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 43,688,390     |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATION               | ۷)                    |             |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------|
| NAIC Group Code 4667 BUSINES                             | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Com                | npany Code            | 12575       |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10          |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other       |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |             |
| 1. Prior Year  | 122,161           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 122, 161    |
| 2. First Quarter   | 125,034           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 125,034     |
| 3. Second Quarter  | 122,635           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 122,635     |
| 4. Third Quarter   | 121,861           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 121,861     |
| 5. Current Year  | 120,686           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 120,686     |
| 6. Current Year Member Months                            | 1,475,036         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,475,036   |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |             |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 12. Health Premiums Written (b)                          | 107,506,398       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 107,506,398 |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 15. Health Premiums Earned                               | 116,318,259       | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 116,318,259 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |             |
| 17. Amount Paid for Provision of Health Care Services    | 86,800,297        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 86,800,297  |
| 18 Amount Incurred for Provision of Health Care Services | 79,313,796        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 79,313,796  |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIO                | N)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 95,679            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 95,679     |
| 2. First Quarter   | 99,648            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 99,648     |
| 3. Second Quarter  | 97,243            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 97,243     |
| 4. Third Quarter   | 97,688            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 97,688     |
| 5. Current Year  | 98,023            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 98,023     |
| 6. Current Year Member Months                            | 1,176,706         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,176,706  |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 78,563,890        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 78,563,890 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 88,275,541        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 88,275,541 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 68,624,621        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 68,624,621 |
| 18 Amount Incurred for Provision of Health Care Services | 62,721,418        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 62,721,418 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATION               | ۷)                    |                |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|----------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | pany Code             | 12575          |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10             |
|  | Total             | Individual         | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other          |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |                |
| 1. Prior Year  | 66,894            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 66,894         |
| 2. First Quarter   | 66,960            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 66 , 960       |
| 3. Second Quarter  | 66,317            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 66,317         |
| 4. Third Quarter   | 66,583            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 66,583         |
| 5. Current Year  | 66,754            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 66,754         |
| 6. Current Year Member Months                            | 799,766           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 799,766        |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |                |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C              |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 12. Health Premiums Written (b)                          | 53,244,159        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 53,244,159     |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 15. Health Premiums Earned                               | 54,561,941        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 54,561,941     |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 17. Amount Paid for Provision of Health Care Services    | 44,237,492        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 44 , 237 , 492 |
| 18 Amount Incurred for Provision of Health Care Services | 40,423,644        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 40,423,644     |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......53,244,159



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

|  |                   |                   |                     |                        |                |                |  | (LOCATION               | ۷)                    |            |
|--|-------------------|-------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINES                             | S IN THE STATE OF |                   |                     |                        |                | DURING THE YE  |  |                         | pany Code             | 12575      |
|  | 1                 | Comprehensive (Ho | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | Individual        | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                   |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 86,178            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 86 , 178   |
| 2. First Quarter   | 92,176            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 92,176     |
| 3. Second Quarter  | 90,358            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 90,358     |
| 4. Third Quarter   | 92,228            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 92,228     |
| 5. Current Year  | 92,791            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 92,791     |
| 6. Current Year Member Months                            | 1,104,613         | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,104,613  |
| Total Member Ambulatory Encounters for Year:             |                   |                   |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                   |                     |                        |                |                |  | ·                       |                       |            |
| 9. Total   | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C          |
| 10. Hospital Patient Days Incurred                       | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 62,349,835        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 62,349,835 |
| 13. Life Premiums Direct                                 | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 66,375,076        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 66,375,076 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 61,418,055        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 61,418,055 |
| 18 Amount Incurred for Provision of Health Care Services | 56,139,210        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 56,139,210 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ....



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                   |                        |                |                |  | (LOCATION               | ۷)                    |             |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                   |                        |                | DURING THE YE  | AR 2017                                  | NAIC Com                | pany Code             | 12575       |
|  | 1                 | Comprehensive (Hos | spital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10          |
|  | Total             | 2<br>Individual    | Group             | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other       |
| Total Members at end of:                                 |                   |                    |                   |                        |                |                |  |                         |                       |             |
| 1. Prior Year  | 134,293           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 134,293     |
| 2. First Quarter   | 140,387           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 140,387     |
| 3. Second Quarter  | 138,851           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 138,851     |
| 4. Third Quarter   | 139,407           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 139,407     |
| 5. Current Year  | 139,823           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 139,823     |
| 6. Current Year Member Months                            | 1,678,350         | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,678,350   |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                   |                        |                |                |  |                         |                       |             |
| 7 Physician  | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 8. Non-Physician   | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 9. Total   | 0                 | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | C           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 12. Health Premiums Written (b)                          | 104,271,279       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 104,271,279 |
| 13. Life Premiums Direct                                 | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 15. Health Premiums Earned                               | 109,959,708       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 109,959,708 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 17. Amount Paid for Provision of Health Care Services    | 106,103,857       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 106,103,857 |
| 18 Amount Incurred for Provision of Health Care Services | 96,955,706        | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 96,955,706  |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......104,271,279



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

|  |                   |                    |                   |                        | _              |                |  | (LOCATION               | 1)                    |            |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                   |                        |                | DURING THE YE  |  | NAIC Com                | pany Code             | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | Individual         | Group             | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                   |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 18,056            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 18,056     |
| 2. First Quarter   | 18,822            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 18,822     |
| 3. Second Quarter  | 18,770            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 18,770     |
| 4. Third Quarter   | 18,818            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 18,818     |
| 5. Current Year  | 18,972            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 18,972     |
| 6. Current Year Member Months                            | 225,688           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 225,688    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                   |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | (          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 13,813,603        | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,813,603 |
| 13. Life Premiums Direct                                 | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 14 , 140 , 116    | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 14,140,116 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 12,047,046        | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 12,047,046 |
| 18 Amount Incurred for Provision of Health Care Services | 11,010,483        | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11,010,483 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

.....13.813.603

and number of persons insured under indemnity only products .....

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|   |                          |                    |       |            |        |               |                     | (LOCATION   | ,         |          |
|---|--------------------------|--------------------|-------|------------|--------|---------------|---------------------|-------------|-----------|----------|
| AIC Group Code 4667                             | BUSINESS IN THE STATE OF | Nebraska           |       |            |        | DURING THE YE | EAR 2017            | NAIC Com    | pany Code | 12575    |
|   | 1                        | Comprehensive (Hos |       | 4          | 5      | 6             | 7                   | 8           | 9         | 10       |
|   |                          | 2                  | 3     |            |        |               |                     |             |           |          |
|   |                          |                    |       | Medicare   | Vision | Dental        | Federal Employees   | Title XVIII | Title XIX |          |
|   | Total                    | Individual         | Group | Supplement | Only   | Only          | Health Benefit Plan | Medicare    | Medicaid  | Other    |
| Total Members at end of:                        |                          |                    |       |            |        |               |                     |             |           |          |
| 1. Prior Year                                   | 35,243                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 35,2     |
| 2. First Quarter                                | 35 , 137                 | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 35 , 1   |
| 3. Second Quarter                               | 34,982                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 34,98    |
| 4. Third Quarter                                | 35,147                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 35 , 14  |
| 5. Current Year                                 | 35,248                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 35,24    |
| 6. Current Year Member Months                   | 421,561                  | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 421,56   |
| Total Member Ambulatory Encounters for Year:    |                          |                    |       |            |        |               |                     |             |           |          |
| 7 Physician                                     | 0                        |                    |       |            |        |               |                     |             |           |          |
| 8. Non-Physician                                | 0                        |                    |       |            |        |               |                     |             |           |          |
| 9. Total  | 0                        | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         |          |
| 10. Hospital Patient Days Incurred              | 0                        |                    |       |            |        |               |                     |             |           |          |
| 11. Number of Inpatient Admissions              | 0                        |                    |       |            |        |               |                     |             |           |          |
| 12. Health Premiums Written (b)                 | 26,461,152               | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 26,461,1 |
| 13. Life Premiums Direct                        | 0                        |                    |       |            |        |               |                     |             |           |          |
| 14. Property/Casualty Premiums Written          | 0                        |                    |       |            |        |               |                     |             |           |          |
| 15. Health Premiums Earned                      | 27,105,099               | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 27,105,0 |
| 16. Property/Casualty Premiums Earned           | 0                        |                    |       |            |        |               |                     |             |           |          |
| 17. Amount Paid for Provision of Health Care Se | ervices25,606,560        | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 25,606,5 |
| 18 Amount Incurred for Provision of Health Care | e Services 23,397,606    | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 23,397,6 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATIO                | N)                    |            |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 13,004            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,004     |
| 2. First Quarter   | 13,437            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,437     |
| 3. Second Quarter  | 13,329            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,329     |
| 4. Third Quarter   | 13,459            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,459     |
| 5. Current Year  | 13,545            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,545     |
| 6. Current Year Member Months                            | 161,335           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 161,335    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | C          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 11,202,025        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11,202,025 |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 11,941,768        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11,941,768 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 8,714,931         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 8,714,931  |
| 18 Amount Incurred for Provision of Health Care Services | 7,964,760         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 7,964,760  |



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATION               | ۷)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | pany Code             | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 15,218            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15,218     |
| 2. First Quarter   | 16,023            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 16,023     |
| 3. Second Quarter  | 15,783            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15,783     |
| 4. Third Quarter   | 15,989            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15,989     |
| 5. Current Year  | 16, 181           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 16,181     |
| 6. Current Year Member Months                            | 191,224           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 191,224    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 10,812,671        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 10,812,671 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 11,948,061        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11,948,061 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 9,412,311         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 9,412,311  |
| 18 Amount Incurred for Provision of Health Care Services | 8,601,941         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 8,601,941  |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                 |                    |                    |                        |                |                |  | (LOCATION               | ٧)                    |           |
|--|-----------------|--------------------|--------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------|
| AIC Group Code 4667 BUSINESS                             | IN THE STATE OF |                    |                    |                        |                | DURING THE Y   |  | NAIC Con                | npany Code            | 12575     |
|  | 1               | Comprehensive (Hos | pital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10        |
|  | Total           | Individual         | Group              | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other     |
| Total Members at end of:                                 |                 |                    |                    |                        |                |                |  |                         |                       |           |
| 1. Prior Year  | 120,877         | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 120,8     |
| 2. First Quarter   | 127,586         | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 127,5     |
| 3. Second Quarter  | 126,223         | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 126,2     |
| 4. Third Quarter   | 125,663         | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 125,6     |
| 5. Current Year  | 125,176         | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 125,1     |
| 6. Current Year Member Months                            | 1,517,509       | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,517,5   |
| Total Member Ambulatory Encounters for Year:             |                 |                    |                    |                        |                |                |  |                         |                       |           |
| 7 Physician  | 0               |                    |                    |                        |                |                |  |                         |                       |           |
| 8. Non-Physician   | 0               |                    |                    |                        |                |                |  |                         |                       |           |
| 9. Total   | 0               | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     |           |
| 10. Hospital Patient Days Incurred                       | 0               |                    |                    |                        |                |                |  |                         |                       |           |
| 11. Number of Inpatient Admissions                       | 0               |                    |                    |                        |                |                |  |                         |                       |           |
| 12. Health Premiums Written (b)                          | 105,662,365     | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 105,662,3 |
| 13. Life Premiums Direct                                 | 0               |                    |                    |                        |                |                |  |                         |                       |           |
| 14. Property/Casualty Premiums Written                   | 0               |                    |                    |                        |                |                |  |                         |                       |           |
| 15. Health Premiums Earned                               | 117,794,059     | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 117,794,0 |
| 16. Property/Casualty Premiums Earned                    | 0               |                    |                    |                        |                |                |  |                         |                       |           |
| 17. Amount Paid for Provision of Health Care Services    | 99,076,751      | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 99,076,7  |
| 18 Amount Incurred for Provision of Health Care Services | 90,540,452      | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 90,540,4  |



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATION               | N)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Com                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 36,688            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 36,688     |
| 2. First Quarter   | 37,615            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 37,615     |
| 3. Second Quarter  | 35,777            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 35,777     |
| 4. Third Quarter   | 36,477            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 36,477     |
| 5. Current Year  | 36,490            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 36,490     |
| 6. Current Year Member Months                            | 442,546           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 442,546    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | (          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 22,206,340        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 22,206,340 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  | ·                       |                       |            |
| 15. Health Premiums Earned                               | 23,393,016        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 23,393,016 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 17,662,483        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,662,483 |
| 18 Amount Incurred for Provision of Health Care Services | 16,141,031        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 16,141,031 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                   |                        |                |                |  | (LOCATION               | 1)                    |             |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                   |                        |                | DURING THE YE  |  | NAIC Com                | pany Code             | 12575       |
|  | 1                 | Comprehensive (Hos | spital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10          |
|  | Total             | Individual         | Group             | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other       |
| Total Members at end of:                                 |                   |                    |                   |                        |                |                |  |                         |                       |             |
| 1. Prior Year  | 247,209           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 247,209     |
| 2. First Quarter   | 256,388           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 256,388     |
| 3. Second Quarter  | 250,525           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 250,525     |
| 4. Third Quarter   | 249,796           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 249,796     |
| 5. Current Year  | 248,732           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 248,732     |
| 6. Current Year Member Months                            | 3,022,059         | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 3,022,059   |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                   |                        |                |                |  |                         |                       |             |
| 7 Physician  | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 8. Non-Physician   | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 9. Total   | 0                 | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | (           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 12. Health Premiums Written (b)                          | 208,647,424       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 208,647,424 |
| 13. Life Premiums Direct                                 | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 15. Health Premiums Earned                               | 221,859,955       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 221,859,955 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 17. Amount Paid for Provision of Health Care Services    | 200,298,059       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 200,298,059 |
| 18 Amount Incurred for Provision of Health Care Services | 183,040,460       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 183,040,460 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ....



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATION               | N)                    |               |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|---------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575         |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10            |
|  | Total             | Individual         | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other         |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |               |
| 1. Prior Year  | 175,897           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 175,897       |
| 2. First Quarter   | 181,461           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 181,461       |
| 3. Second Quarter  | 178,548           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 178,548       |
| 4. Third Quarter   | 179,132           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 179 , 132     |
| 5. Current Year  | 179,550           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 179,550       |
| 6. Current Year Member Months                            | 2,154,930         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 2,154,930     |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |               |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |               |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |               |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0             |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |               |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |               |
| 12. Health Premiums Written (b)                          | 134,538,348       | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 134,538,348   |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |               |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |               |
| 15. Health Premiums Earned                               | 147,011,113       | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 147,011,113   |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |               |
| 17. Amount Paid for Provision of Health Care Services    | 129,249,858       | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 129,249,858   |
| 18 Amount Incurred for Provision of Health Care Services | 118, 121, 136     | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 118, 121, 136 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......134,538,348



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATION               | ١)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  |  | NAIC Con                | pany Code             | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | Individual         | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 19,421            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 19,421     |
| 2. First Quarter   | 19,745            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 19,745     |
| 3. Second Quarter  | 19,715            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 19,715     |
| 4. Third Quarter   | 19,826            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 19,826     |
| 5. Current Year  | 19,907            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 19,907     |
| 6. Current Year Member Months                            | 237,327           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 237,327    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 14,015,932        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 14,015,932 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 14,350,253        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 14,350,253 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 12,800,429        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 12,800,429 |
| 18 Amount Incurred for Provision of Health Care Services | 11,697,767        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11,697,767 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                   |                        |                |                |  | (LOCATION               | l)                    |                 |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                   |                        |                | DURING THE YE  |  | NAIC Com                | pany Code             | 12575           |
|  | 1                 | Comprehensive (Hos | spital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10              |
|  | Total             | Individual         | Group             | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other           |
| Total Members at end of:                                 |                   |                    |                   |                        |                |                |  |                         |                       |                 |
| 1. Prior Year  | 203,677           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 203,677         |
| 2. First Quarter   | 201,341           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 201,341         |
| 3. Second Quarter  | 192,676           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 192,676         |
| 4. Third Quarter   | 196,031           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 196,031         |
| 5. Current Year  | 196,045           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 196,045         |
| 6. Current Year Member Months                            | 2,376,727         | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 2,376,727       |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                   |                        |                |                |  |                         |                       |                 |
| 7 Physician  | 0                 |                    |                   |                        |                |                |  |                         |                       |                 |
| 8. Non-Physician   | 0                 |                    |                   |                        |                |                |  |                         |                       |                 |
| 9. Total   | 0                 | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | C               |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                   |                        |                |                |  |                         |                       |                 |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                   |                        |                |                |  |                         |                       |                 |
| 12. Health Premiums Written (b)                          | 140,787,457       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 140 , 787 , 457 |
| 13. Life Premiums Direct                                 | 0                 |                    |                   |                        |                |                |  |                         |                       |                 |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                   |                        |                |                |  |                         |                       |                 |
| 15. Health Premiums Earned                               | 144,898,855       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 144,898,855     |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                   |                        |                |                |  |                         |                       |                 |
| 17. Amount Paid for Provision of Health Care Services    | 124,836,208       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 124,836,208     |
| 18 Amount Incurred for Provision of Health Care Services | 114,052,339       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 114,052,339     |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIOI               | N)                    |                |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|----------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575          |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10             |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other          |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |                |
| 1. Prior Year  | 74,439            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 74,439         |
| 2. First Quarter   | 78,556            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 78,556         |
| 3. Second Quarter  | 75,467            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 75,467         |
| 4. Third Quarter   | 77,301            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 77,301         |
| 5. Current Year  | 77,635            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 77,635         |
| 6. Current Year Member Months                            | 931,928           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 931,928        |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |                |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | (              |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 12. Health Premiums Written (b)                          | 59, 152,400       | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 59, 152, 400   |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 15. Health Premiums Earned                               | 63,291,704        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 63,291,704     |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |                |
| 17. Amount Paid for Provision of Health Care Services    | 55,452,729        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 55 , 452 , 729 |
| 18 Amount Incurred for Provision of Health Care Services | 50,680,352        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 50,680,352     |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|   |                          |                    |       |            |        |               |                     | (LOCATION   | ,         |          |
|---|--------------------------|--------------------|-------|------------|--------|---------------|---------------------|-------------|-----------|----------|
| IAIC Group Code 4667                          | BUSINESS IN THE STATE OF |                    |       |            |        | DURING THE YE | AR 2017             | NAIC Com    | pany Code | 12575    |
|   | 1                        | Comprehensive (Hos |       | 4          | 5      | 6             | 7                   | 8           | 9         | 10       |
|   |                          | 2                  | 3     |            |        |               |                     |             |           |          |
|   |                          |                    |       | Medicare   | Vision | Dental        | Federal Employees   | Title XVIII | Title XIX |          |
|   | Total                    | Individual         | Group | Supplement | Only   | Only          | Health Benefit Plan | Medicare    | Medicaid  | Other    |
| Total Members at end of:                      |                          |                    |       |            |        |               |                     |             |           |          |
| 1. Prior Year                                 | 36,480                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 36,48    |
| 2. First Quarter                              |                          | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 37 , 16  |
| 3. Second Quarter                             |                          | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 36,84    |
| 4. Third Quarter                              | 37,327                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 37 , 3   |
| 5. Current Year                               | 37,573                   | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 37,57    |
| 6. Current Year Member Months                 | 445,337                  | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 445,33   |
| Total Member Ambulatory Encounters for Year   | :                        |                    |       |            |        |               |                     |             |           |          |
| 7 Physician                                   | 0                        |                    |       |            |        |               |                     |             |           |          |
| 8. Non-Physician                              | 0                        |                    |       |            |        |               |                     |             |           |          |
| 9. Total                                      | 0                        | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         |          |
| 10. Hospital Patient Days Incurred            | 0                        |                    |       |            |        |               |                     |             |           |          |
| 11. Number of Inpatient Admissions            | 0                        |                    |       |            |        |               |                     |             |           |          |
| 12. Health Premiums Written (b)               | 28,322,643               | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 28,322,6 |
| 13. Life Premiums Direct                      | 0                        |                    |       |            |        |               |                     |             |           |          |
| 14. Property/Casualty Premiums Written        | 0                        |                    |       |            |        |               |                     |             |           |          |
| 15. Health Premiums Earned                    | 29,641,425               | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 29,641,4 |
| 16. Property/Casualty Premiums Earned         | 0                        |                    |       |            |        |               |                     |             |           |          |
| 17. Amount Paid for Provision of Health Care  | Services21,572,173       | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 21,572,1 |
| 18 Amount Incurred for Provision of Health Ca | are Services 19,715,246  | 0                  | 0     | 0          | 0      | 0             | 0                   | 0           | 0         | 19,715,2 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ....



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |       |            |        |                |  | (LOCATION   | l)        |             |
|--|-------------------|--------------------|-------|------------|--------|----------------|--|-------------|-----------|-------------|
| NAIC Group Code 4667 BUSINES                             | S IN THE STATE OF | Pennsylvania       |       |            |        | DURING THE YE  | AR 2017                                  | NAIC Com    | pany Code | 12575       |
|  | 1                 | Comprehensive (Hos |       | 4          | 5      | 6              | 7  | 8           | 9         | 10          |
|  |                   | 2                  | 3     | Medicare   | Vision | Dantel         | Fadaval Faralava                         | Title XVIII | Title XIX |             |
|  | Total             | Individual         | Group | Supplement | Only   | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Medicare    | Medicaid  | Other       |
| Total Members at end of:                                 |                   |                    |       |            |        |                |  |             |           |             |
| 1. Prior Year  | 209,448           | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 209,448     |
| 2. First Quarter   | 222,470           | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 222,470     |
| 3. Second Quarter  | 220,535           | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 220,535     |
| 4. Third Quarter   | 221,955           | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 221,955     |
| 5. Current Year  | 222,093           | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 222,093     |
| 6. Current Year Member Months                            | 2,665,889         | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 2,665,889   |
| Total Member Ambulatory Encounters for Year:             |                   |                    |       |            |        |                |  |             |           |             |
| 7 Physician  | 0                 |                    |       |            |        |                |  |             |           |             |
| 8. Non-Physician   | 0                 |                    |       |            |        |                |  |             |           |             |
| 9. Total   | 0                 | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | C           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |       |            |        |                |  |             |           |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |       |            |        |                |  |             |           |             |
| 12. Health Premiums Written (b)                          | 153,546,191       | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 153,546,191 |
| 13. Life Premiums Direct                                 | 0                 |                    |       |            |        |                |  |             |           |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |       |            |        |                |  |             |           |             |
| 15. Health Premiums Earned                               | 163,876,779       | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 163,876,779 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |       |            |        |                |  |             |           |             |
| 17. Amount Paid for Provision of Health Care Services    | 143,860,322       | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 143,860,322 |
| 18 Amount Incurred for Provision of Health Care Services | 131,483,071       | 0                  | 0     | 0          | 0      | 0              | 0  | 0           | 0         | 131,483,071 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ....



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

|  |                   |                   |                     |                        |                |                |  | (LOCATION               | 1)                    |            |
|--|-------------------|-------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINES                             | S IN THE STATE OF |                   |                     |                        |                | DURING THE YE  |  |                         | pany Code             | 12575      |
|  | 1                 | Comprehensive (Ho | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | Individual        | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                   |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 16,131            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 16 , 131   |
| 2. First Quarter   | 14,144            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 14,144     |
| 3. Second Quarter  | 13,121            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13, 121    |
| 4. Third Quarter   | 13,218            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,218     |
| 5. Current Year  | 12,819            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 12,819     |
| 6. Current Year Member Months                            | 163,039           | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 163,039    |
| Total Member Ambulatory Encounters for Year:             |                   |                   |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C          |
| 10. Hospital Patient Days Incurred                       | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 10,273,478        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 10,273,478 |
| 13. Life Premiums Direct                                 | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 11,581,753        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11,581,753 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 9,014,953         | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 9,014,953  |
| 18 Amount Incurred for Provision of Health Care Services | 8,220,557         | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 8,220,557  |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

.....10.273.478

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIO                | N)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  |  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 80,585            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 80,585     |
| 2. First Quarter   | 87,520            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 87,520     |
| 3. Second Quarter  | 85,533            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 85,533     |
| 4. Third Quarter   | 86,240            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 86,240     |
| 5. Current Year  | 87, 190           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 87,190     |
| 6. Current Year Member Months                            | 1,042,663         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,042,663  |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 55,911,464        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 55,911,464 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 62,740,929        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 62,740,929 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 56,834,744        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 56,834,744 |
| 18 Amount Incurred for Provision of Health Care Services | 51,936,739        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 51,936,739 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                   |                     |                        |                |                |  | (LOCATION               | l)                    |            |
|--|-------------------|-------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                   |                     |                        |                | DURING THE YE  |  |                         | pany Code             | 12575      |
|  | 1                 | Comprehensive (Ho | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | Individual        | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                   |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 17,605            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,605     |
| 2. First Quarter   | 17,500            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,500     |
| 3. Second Quarter  | 17,468            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,468     |
| 4. Third Quarter   | 17,512            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,512     |
| 5. Current Year  | 17,526            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,526     |
| 6. Current Year Member Months                            | 209,948           | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 209,948    |
| Total Member Ambulatory Encounters for Year:             |                   |                   |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | (          |
| 10. Hospital Patient Days Incurred                       | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 13 , 145 , 278    | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,145,278 |
| 13. Life Premiums Direct                                 | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 13,469,473        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,469,473 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                   |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 12,078,485        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 12,078,485 |
| 18 Amount Incurred for Provision of Health Care Services | 11,037,256        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11,037,256 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIOI               | N)                    |             |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575       |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10          |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other       |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |             |
| 1. Prior Year  | 90,871            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 90,871      |
| 2. First Quarter   | 97,875            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 97,875      |
| 3. Second Quarter  | 95,987            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 95,987      |
| 4. Third Quarter   | 97,984            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 97,984      |
| 5. Current Year  | 99,004            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 99,004      |
| 6. Current Year Member Months                            | 1,173,819         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1, 173, 819 |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |             |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 12. Health Premiums Written (b)                          | 69,487,461        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 69,487,461  |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 15. Health Premiums Earned                               | 74,055,227        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 74,055,227  |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |             |
| 17. Amount Paid for Provision of Health Care Services    | 63,394,804        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 63,394,804  |
| 18 Amount Incurred for Provision of Health Care Services | 57,945,007        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 57,945,007  |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION SilverScript Insurance Company 2. Nashville, TN

|  |                   |                    |                   |                        |                |                |  | (LOCATION               | l)                    |             |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                   |                        |                | DURING THE YE  |  | NAIC Com                | pany Code             | 12575       |
|  | 1                 | Comprehensive (Hos | spital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10          |
|  | Total             | 2<br>Individual    | Group             | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other       |
| Total Members at end of:                                 |                   |                    |                   |                        |                |                |  |                         |                       |             |
| 1. Prior Year  | 238,965           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 238,965     |
| 2. First Quarter   | 250,229           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 250,229     |
| 3. Second Quarter  | 240,219           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 240,219     |
| 4. Third Quarter   | 244,031           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 244,031     |
| 5. Current Year  | 245,755           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 245,755     |
| 6. Current Year Member Months                            | 2,958,286         | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 2,958,286   |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                   |                        |                |                |  |                         |                       |             |
| 7 Physician  | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 8. Non-Physician   | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 9. Total   | 0                 | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0           |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 12. Health Premiums Written (b)                          | 164,687,795       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 164,687,795 |
| 13. Life Premiums Direct                                 | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 15. Health Premiums Earned                               | 192,482,938       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 192,482,938 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                   |                        |                |                |  |                         |                       |             |
| 17. Amount Paid for Provision of Health Care Services    | 171,760,886       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 171,760,886 |
| 18 Amount Incurred for Provision of Health Care Services | 156,973,227       | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 156,973,227 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

......164 . 687 . 795

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATIOI               | N)                    |            |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 15,265            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15,265     |
| 2. First Quarter   | 15,679            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15,679     |
| 3. Second Quarter  | 15,407            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15,407     |
| 4. Third Quarter   | 15,572            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15,572     |
| 5. Current Year  | 15,722            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15,722     |
| 6. Current Year Member Months                            | 186,835           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 186,835    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | (          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 12,296,235        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 12,296,235 |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 12,061,601        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 12,061,601 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 10,231,590        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 10,231,590 |
| 18 Amount Incurred for Provision of Health Care Services | 9,351,212         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 9,351,212  |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......12,296,235



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                   |                        |                |                |  | (LOCATION               | 1)                    |            |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                   |                        |                | DURING THE YE  |  | NAIC Com                | pany Code             | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | Individual         | Group             | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                   |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 17,747            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,747     |
| 2. First Quarter   | 17,847            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,847     |
| 3. Second Quarter  | 17,520            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,520     |
| 4. Third Quarter   | 17,477            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,47      |
| 5. Current Year  | 17,421            | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,42      |
| 6. Current Year Member Months                            | 211,374           | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 211,374    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                   |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                   |                        |                |                |  | ·                       |                       |            |
| 9. Total   | 0                 | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | (          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 13,311,909        | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 13,311,909 |
| 13. Life Premiums Direct                                 | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 14 , 385 , 786    | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 14,385,786 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                   |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 12,276,942        | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 12,276,942 |
| 18 Amount Incurred for Provision of Health Care Services | 11,217,675        | 0                  | 0                 | 0                      | 0              | 0              | 0  | 0                       | 0                     | 11,217,675 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

<sup>...</sup> and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATIO                | N)                    |            |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 96,373            | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 96,373     |
| 2. First Quarter   | 103,248           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 103,248    |
| 3. Second Quarter  | 102,387           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 102,387    |
| 4. Third Quarter   | 103,532           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 103,532    |
| 5. Current Year  | 104,639           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 104,639    |
| 6. Current Year Member Months                            | 1,237,929         | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,237,929  |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 72,919,760        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 72,919,760 |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 80,267,984        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 80,267,984 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 64,037,752        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 64,037,752 |
| 18 Amount Incurred for Provision of Health Care Services | 58,530,253        | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 58,530,253 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......72,919,760



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                 |                    |                    |                        |                |                |  | (LOCATION               | 1)                    |          |
|--|-----------------|--------------------|--------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|----------|
| AIC Group Code 4667 BUSINESS                             | IN THE STATE OF |                    |                    |                        |                | DURING THE Y   |  | NAIC Con                | pany Code             | 12575    |
|  | 1               | Comprehensive (Hos | pital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10       |
|  | Total           | Individual         | Group              | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other    |
| Total Members at end of:                                 |                 |                    |                    |                        |                |                |  |                         |                       |          |
| 1. Prior Year  | 78,603          | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 78,60    |
| 2. First Quarter   | 79,519          | 0                  | 0                  | 0                      | 0              | 0              | )  | 0                       | 0                     | 79,5     |
| 3. Second Quarter  | 78,109          | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     |          |
| 4. Third Quarter   | 78,374          | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 78,3     |
| 5. Current Year  | 78,570          | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 78,5     |
| 6. Current Year Member Months                            | 943,112         | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 943,1    |
| Total Member Ambulatory Encounters for Year:             |                 |                    |                    |                        |                |                |  |                         |                       |          |
| 7 Physician  | 0               |                    |                    |                        |                |                |  |                         |                       |          |
| 8. Non-Physician   | 0               |                    |                    |                        |                |                |  |                         |                       |          |
| 9. Total   | 0               | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     |          |
| 10. Hospital Patient Days Incurred                       | 0               |                    |                    |                        |                |                |  |                         |                       |          |
| 11. Number of Inpatient Admissions                       | 0               |                    |                    |                        |                |                |  |                         |                       |          |
| 12. Health Premiums Written (b)                          | 59,805,018      | 0                  | 0                  | 0                      | 0              | 0              | 00                                       | 0                       | 0                     | 59,805,0 |
| 13. Life Premiums Direct                                 | 0               |                    |                    |                        |                |                |  |                         |                       |          |
| 14. Property/Casualty Premiums Written                   | 0               |                    |                    |                        |                |                |  |                         |                       |          |
| 15. Health Premiums Earned                               | 62,705,690      | 0                  | 0                  | 0                      | 0              | 0              | 00                                       | 0                       | 0                     | 62,705,6 |
| 16. Property/Casualty Premiums Earned                    | 0               |                    |                    |                        |                |                |  |                         |                       |          |
| 17. Amount Paid for Provision of Health Care Services    | 47,487,063      | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 47,487,0 |
| 18 Amount Incurred for Provision of Health Care Services | 43,395,152      | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 43,395,1 |



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                   |                     |                        |                |                |  | (LOCATION               | ۷)                    |                |
|--|-------------------|-------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|----------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                   |                     |                        |                | DURING THE YE  |  |                         | pany Code             | 12575          |
|  | 1                 | Comprehensive (Ho | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10             |
|  | Total             | Individual        | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other          |
| Total Members at end of:                                 |                   |                   |                     |                        |                |                |  |                         |                       |                |
| 1. Prior Year  | 41,455            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 41,455         |
| 2. First Quarter   | 43,146            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 43 , 146       |
| 3. Second Quarter  | 42,616            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 42,616         |
| 4. Third Quarter   | 43,002            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 43,002         |
| 5. Current Year  | 42,988            | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 42,988         |
| 6. Current Year Member Months                            | 516,641           | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 516,641        |
| Total Member Ambulatory Encounters for Year:             |                   |                   |                     |                        |                |                |  |                         |                       |                |
| 7 Physician  | 0                 |                   |                     |                        |                |                |  |                         |                       |                |
| 8. Non-Physician   | 0                 |                   |                     |                        |                |                |  |                         |                       |                |
| 9. Total   | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C              |
| 10. Hospital Patient Days Incurred                       | 0                 |                   |                     |                        |                |                |  |                         |                       |                |
| 11. Number of Inpatient Admissions                       | 0                 |                   |                     |                        |                |                |  |                         |                       |                |
| 12. Health Premiums Written (b)                          | 32,998,204        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 32,998,204     |
| 13. Life Premiums Direct                                 | 0                 |                   |                     |                        |                |                |  |                         |                       |                |
| 14. Property/Casualty Premiums Written                   | 0                 |                   |                     |                        |                |                |  |                         |                       |                |
| 15. Health Premiums Earned                               | 35,334,986        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 35,334,986     |
| 16. Property/Casualty Premiums Earned                    | 0                 |                   |                     |                        |                |                |  |                         |                       |                |
| 17. Amount Paid for Provision of Health Care Services    | 29 , 130 , 877    | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 29 , 130 , 877 |
| 18 Amount Incurred for Provision of Health Care Services | 26,606,921        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 26,606,921     |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ....



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIO                | N)                    |            |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|------------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575      |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10         |
|  | Total             | Individual         | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other      |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 1. Prior Year  | 73,723            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 73,723     |
| 2. First Quarter   | 73,567            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 73,567     |
| 3. Second Quarter  | 72,040            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 72,040     |
| 4. Third Quarter   | 72,093            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 72,093     |
| 5. Current Year  | 71,990            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 71,990     |
| 6. Current Year Member Months                            | 869,996           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 869,996    |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |            |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C          |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 12. Health Premiums Written (b)                          | 62,922,079        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 62,922,079 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 15. Health Premiums Earned                               | 65,917,322        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 65,917,322 |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |            |
| 17. Amount Paid for Provision of Health Care Services    | 53,616,573        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 53,616,573 |
| 18 Amount Incurred for Provision of Health Care Services | 48,993,559        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 48,993,559 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |                     |                        |                |                |  | (LOCATIO                | N)                    |           |
|--|-------------------|--------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |                     |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575     |
|  | 1                 | Comprehensive (Hos | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10        |
|  | Total             | 2<br>Individual    | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other     |
| Total Members at end of:                                 |                   |                    |                     |                        |                |                |  |                         |                       |           |
| 1. Prior Year  | 9,314             | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 9,314     |
| 2. First Quarter   | 9,953             | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 9,953     |
| 3. Second Quarter  | 9,964             | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 9,964     |
| 4. Third Quarter   | 10,061            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 10,061    |
| 5. Current Year  | 10,185            | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 10,185    |
| 6. Current Year Member Months                            | 120,061           | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 120,061   |
| Total Member Ambulatory Encounters for Year:             |                   |                    |                     |                        |                |                |  |                         |                       |           |
| 7 Physician  | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 8. Non-Physician   | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 9. Total   | 0                 | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | (         |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 11. Number of Inpatient Admissions                       | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 12. Health Premiums Written (b)                          | 6,964,282         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 6,964,282 |
| 13. Life Premiums Direct                                 | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 15. Health Premiums Earned                               | 7, 120,591        | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 7,120,59  |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |                     |                        |                |                |  |                         |                       |           |
| 17. Amount Paid for Provision of Health Care Services    | 6,274,351         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 6,274,35  |
| 18 Amount Incurred for Provision of Health Care Services | 5,734,761         | 0                  | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 5,734,761 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products ...... and number of persons insured under indemnity only products .....



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                 |                    |            |                        |                |                |  | (LOCATION               | N)                    |        |
|--|-----------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|--------|
| NAIC Group Code 4667 BUSINESS                            | IN THE STATE OF |                    |            |                        |                | DURING THE YE  | AR 2017                                  | NAIC Con                | npany Code            | 12575  |
|  | 1               | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10     |
|  | Total           | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other  |
| Total Members at end of:                                 |                 |                    |            |                        |                |                |  |                         |                       |        |
| 1. Prior Year  | 23              | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 20     |
| 2. First Quarter   | 25              | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 25     |
| 3. Second Quarter  | 15              | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 15     |
| 4. Third Quarter   | 18              | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 18     |
| 5. Current Year  | 19              | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 19     |
| 6. Current Year Member Months                            | 233             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 233    |
| Total Member Ambulatory Encounters for Year:             |                 |                    |            |                        |                |                |  |                         |                       |        |
| 7 Physician  | 0               |                    |            |                        |                |                |  |                         |                       |        |
| 8. Non-Physician   | 0               |                    |            |                        |                |                |  |                         |                       |        |
| 9. Total   | 0               | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | (      |
| 10. Hospital Patient Days Incurred                       | 0               |                    |            |                        |                |                |  |                         |                       |        |
| 11. Number of Inpatient Admissions                       | 0               |                    |            |                        |                |                |  |                         |                       |        |
| 12. Health Premiums Written (b)                          | 14,832          | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 14,832 |
| 13. Life Premiums Direct                                 | 0               |                    |            |                        |                |                |  |                         |                       |        |
| 14. Property/Casualty Premiums Written                   | 0               |                    |            |                        |                |                |  |                         |                       |        |
| 15. Health Premiums Earned                               | 14,832          | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 14,832 |
| 16. Property/Casualty Premiums Earned                    | 0               |                    |            |                        |                |                |  |                         |                       |        |
| 17. Amount Paid for Provision of Health Care Services    | 1,686           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,686  |
| 18 Amount Incurred for Provision of Health Care Services | 1,544           | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 1,544  |



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                 |                    |                  |                        |                |                |  | (LOCATIO                | N)                    |           |
|--|-----------------|--------------------|------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-----------|
| NAIC Group Code 4667 BUSINESS                            | IN THE STATE OF |                    |                  |                        |                | DURING THE YE  |  | NAIC Cor                | mpany Code            | 12575     |
|  | 1               | Comprehensive (Hos | pital & Medical) | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10        |
|  | Total           | Individual         | Group            | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other     |
| Total Members at end of:                                 |                 |                    |                  |                        |                |                |  |                         |                       |           |
| 1. Prior Year  | 470             | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 470       |
| 2. First Quarter   | 494             | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 494       |
| 3. Second Quarter  | 381             | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 381       |
| 4. Third Quarter   | 380             | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 380       |
| 5. Current Year  | 435             | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 435       |
| 6. Current Year Member Months                            | 5,270           | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 5,270     |
| Total Member Ambulatory Encounters for Year:             |                 |                    |                  |                        |                |                |  |                         |                       |           |
| 7 Physician  | 0               |                    |                  |                        |                |                |  |                         |                       |           |
| 8. Non-Physician   | 0               |                    |                  |                        |                |                |  |                         |                       |           |
| 9. Total   | 0               | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | C         |
| 10. Hospital Patient Days Incurred                       | 0               |                    |                  |                        |                |                |  |                         |                       |           |
| 11. Number of Inpatient Admissions                       | 0               |                    |                  |                        |                |                |  |                         |                       |           |
| 12. Health Premiums Written (b)                          | 375,109         | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 375 , 109 |
| 13. Life Premiums Direct                                 | 0               |                    |                  |                        |                |                |  |                         |                       |           |
| 14. Property/Casualty Premiums Written                   | 0               |                    |                  |                        |                |                |  |                         |                       |           |
| 15. Health Premiums Earned                               | 375,109         | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 375 , 109 |
| 16. Property/Casualty Premiums Earned                    | 0               |                    |                  |                        |                |                |  |                         |                       |           |
| 17. Amount Paid for Provision of Health Care Services    | 72,517          | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 72,517    |
| 18 Amount Incurred for Provision of Health Care Services | 66,273          | 0                  | 0                | 0                      | 0              | 0              | 0  | 0                       | 0                     | 66,273    |



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                 |                    |                    |                        |                |                |  | (LOCATION               | N)                    |        |
|--|-----------------|--------------------|--------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|--------|
| NAIC Group Code 4667 BUSINESS                            | IN THE STATE OF | U.S. Virgin Island |                    |                        |                | DURING THE YE  |  | NAIC Con                | npany Code            | 12575  |
|  | 1               | Comprehensive (Hos | pital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10     |
|  | Total           | Individual         | Group              | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other  |
| Total Members at end of:                                 |                 |                    |                    |                        |                |                |  |                         |                       |        |
| 1. Prior Year  | 46              | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 46     |
| 2. First Quarter   | 50              | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 50     |
| 3. Second Quarter  | 35              | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 35     |
| 4. Third Quarter   | 42              | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 42     |
| 5. Current Year  | 41              | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4      |
| 6. Current Year Member Months                            | 513             | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 513    |
| Total Member Ambulatory Encounters for Year:             |                 |                    |                    |                        |                |                |  |                         |                       |        |
| 7 Physician  | 0               |                    |                    |                        |                |                |  |                         |                       |        |
| 8. Non-Physician   | 0               |                    |                    |                        |                |                |  |                         |                       |        |
| 9. Total   | 0               | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | (      |
| 10. Hospital Patient Days Incurred                       | 0               |                    |                    |                        |                |                |  |                         |                       |        |
| 11. Number of Inpatient Admissions                       | 0               |                    |                    |                        |                |                |  |                         |                       |        |
| 12. Health Premiums Written (b)                          | 37,646          | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 37,646 |
| 13. Life Premiums Direct                                 | 0               |                    |                    |                        |                |                |  |                         |                       |        |
| 14. Property/Casualty Premiums Written                   | 0               |                    |                    |                        |                |                |  |                         |                       |        |
| 15. Health Premiums Earned                               | 37,646          | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 37,646 |
| 16. Property/Casualty Premiums Earned                    | 0               |                    |                    |                        |                |                |  |                         |                       |        |
| 17. Amount Paid for Provision of Health Care Services    | 19,604          | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 19,604 |
| 18 Amount Incurred for Provision of Health Care Services | 17,922          | 0                  | 0                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 17,922 |



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                    |            |                        |                |                |  | (LOCATIO                | N)                    |       |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 4667 BUSINESS                            | S IN THE STATE OF |                    |            |                        |                | DURING THE YE  |  |                         | npany Code            | 12575 |
|  | 1                 | Comprehensive (Hos |            | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10    |
|  | Total             | 2<br>Individual    | 3<br>Group | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other |
| Total Members at end of:                                 |                   |                    |            |                        |                |                |  |                         |                       |       |
| 1. Prior Year  | 2                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 2. First Quarter   | 2                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 3. Second Quarter  | 1                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 4. Third Quarter   | 0                 |                    |            |                        |                |                |  |                         |                       |       |
| 5. Current Year  | 0                 |                    |            |                        |                |                |  |                         |                       |       |
| 6. Current Year Member Months                            | 12                | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| Total Member Ambulatory Encounters for Year:             |                   |                    |            |                        |                |                |  |                         |                       |       |
| 7 Physician  | 0                 |                    |            |                        |                |                |  |                         |                       |       |
| 8. Non-Physician   | 0                 |                    |            |                        |                |                |  |                         |                       |       |
| 9. Total   | 0                 | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 10. Hospital Patient Days Incurred                       | 0                 |                    |            |                        |                |                |  |                         |                       |       |
| 11. Number of Inpatient Admissions                       | 0                 |                    |            |                        |                |                |  |                         |                       |       |
| 12. Health Premiums Written (b)                          | 2,838             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 2,8   |
| 13. Life Premiums Direct                                 | 0                 |                    |            |                        |                |                |  |                         |                       |       |
| 14. Property/Casualty Premiums Written                   | 0                 |                    |            |                        |                |                |  |                         |                       |       |
| 15. Health Premiums Earned                               | 2,838             | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 2,8   |
| 16. Property/Casualty Premiums Earned                    | 0                 |                    |            |                        |                |                |  |                         |                       |       |
| 17. Amount Paid for Provision of Health Care Services    | 338               | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     |       |
| 18 Amount Incurred for Provision of Health Care Services | 309               | 0                  | 0          | 0                      | 0              | 0              | 0  | 0                       | 0                     | 3     |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_\_\_.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_\_.2,838



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

|  |                   |                   |                     |                        | _              |                |  | (LOCATION               | l)                    |               |
|--|-------------------|-------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|---------------|
| NAIC Group Code 4667 BUSINES                             | S IN THE STATE OF |                   |                     |                        |                | DURING THE YE  |  | NAIC Com                | pany Code             | 12575         |
|  | 1                 | Comprehensive (Ho | spital & Medical) 3 | 4                      | 5              | 6              | 7  | 8                       | 9                     | 10            |
|  | Total             | Individual        | Group               | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other         |
| Total Members at end of:                                 |                   |                   |                     |                        |                |                |  |                         |                       |               |
| 1. Prior Year  | 4,285,967         | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4,285,967     |
| 2. First Quarter   | 4,533,327         | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4,533,327     |
| 3. Second Quarter  | 4,457,011         | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4,457,011     |
| 4. Third Quarter   | 4,499,642         | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4,499,642     |
| 5. Current Year  | 4,519,889         | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 4,519,889     |
| 6. Current Year Member Months                            | 54,092,424        | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 54,092,424    |
| Total Member Ambulatory Encounters for Year:             |                   |                   |                     |                        |                |                |  |                         |                       |               |
| 7 Physician  | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C             |
| 8. Non-Physician   | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C             |
| 9. Total   | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C             |
| 10. Hospital Patient Days Incurred                       | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C             |
| 11. Number of Inpatient Admissions                       | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C             |
| 12. Health Premiums Written (b)                          | 3,292,391,006     | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 3,292,391,006 |
| 13. Life Premiums Direct                                 | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C             |
| 14. Property/Casualty Premiums Written                   | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0             |
| 15. Health Premiums Earned                               | 3,569,701,086     | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 3,569,701,086 |
| 16. Property/Casualty Premiums Earned                    | 0                 | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | C             |
| 17. Amount Paid for Provision of Health Care Services    | 3,079,808,634     | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 3,079,808,634 |
| 18 Amount Incurred for Provision of Health Care Services | 2,814,765,074     | 0                 | 0                   | 0                      | 0              | 0              | 0  | 0                       | 0                     | 2,814,765,074 |

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products .......

<sup>...0</sup> and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ............3,292,391,006

#### **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1           | 2                | 2              | / / / / / / / / / / / / / / / / / / /        | E            | 6           | 7             | 0        | 1 0               | 10                  | 11          | 12                |
|-------------|------------------|----------------|--|--------------|-------------|---------------|----------|-------------------|---------------------|-------------|-------------------|
| '           | 2                | 3              | 4  | 5            | 0           | ,             | 0        | Danama Linkilika  | 10                  | ''          | 12                |
| NAIG        |                  |                |  |              | <b>-</b> (  |               |          | Reserve Liability | D : D !!            | NA UC I     |                   |
| NAIC        |                  |                |  |              | Type of     |               |          | Other Than for    | Reinsurance Payable | Modified    |                   |
| Company     | . ID             | Effective      |  | Domiciliary  | Reinsurance |               | Unearned | Unearned          | on Paid and         | Coinsurance | Funds Withheld    |
| Code        | Number           | Date           | Name of Reinsured                            | Jurisdiction | Assumed     | Premiums      | Premiums | Premiums          | Unpaid Losses       | Reserve     | Under Coinsurance |
| 0399999. To | tal - U.S. Aff   | iliates        |  |              |             | 0             | 0        | 0                 | 0                   | 0           | 0                 |
| 0699999. To | tal - Non-U.S    | S. Affiliates  |  |              |             | 0             | 0        | 0                 | 0                   | 0           | 0                 |
| 0799999. To | tal - Affiliate: | S              |  |              |             | 0             | 0        | 0                 | 0                   | 0           | 0                 |
| 74101       | 13-3156923       | 07/01/2016     | First United American Life Insurance Company | NY           | OTH/A/I     | (96,579)      |          |                   |                     |             |                   |
| 74101       | 13-3156923       | 07/01/2016     | First United American Life Insurance Company | NY           | OTH/A/G     | (23,420)      |          |                   |                     |             |                   |
| 92916       | 73-1128555       | 07/01/2016     | United American Insurance Company            | NE           | OTH/A/I     | 1,346,263     |          |                   |                     |             |                   |
| 92916       | 73-1128555       | 07/01/2016     | United American Insurance Company            | NE           | OTH/A/G     | (2, 151, 211) |          |                   |                     |             |                   |
| 0899999. U. | S. Non-Affilia   | ates           |  |              |             | (924,947)     | 0        | 0                 | 0                   | 0           | 0                 |
| 1099999. To | tal - Non-Aff    | iliates        |  |              |             | (924,947)     | 0        | 0                 | 0                   | 0           | 0                 |
| 1199999. To | tal U.S. (Sur    | m of 0399999 a | and 0899999)                                 |              |             | (924,947)     | 0        | 0                 | 0                   | 0           | 0                 |
| 1299999. To | tal Non-U.S.     | (Sum of 06999  | 999 and 0999999)                             |              |             | 0             | 0        | 0                 | 0                   | 0           | 0                 |
|             |                  |                | ,  |              |             |               |          |                   |                     |             |                   |
|             |                  |                |  |              |             |               |          |                   |                     |             |                   |
|             |                  |                |  |              |             |               |          |                   |                     |             |                   |
|             |                  |                |  |              |             |               |          |                   |                     |             |                   |
|             |                  |                |  |              |             |               |          |                   |                     |             |                   |
|             |                  |                |  |              |             |               |          |                   |                     |             |                   |
|             |                  |                |  |              |             |               |          |                   |                     |             |                   |
|             |                  |                |  |              |             |               |          |                   |                     |             |                   |
|             |                  |                |  |              |             |               |          |                   |                     |             |                   |
|             |                  |                |  |              |             |               |          |                   |                     |             |                   |
| 9999999 - T | otals            | •              | •  |              |             | (924,947)     | 0        | 0                 | 0                   | 0           | 0                 |

#### **SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Effective Domiciliary Company Unpaid Losses Name of Company Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0799999. Total Life and Annuity - Affiliates 0 0 1099999. Total Life and Annuity - Non-Affiliates 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates 0 0 686,413 Q. 0 . BMU. 686,413 686,413 ...147,000 0 .0 2,356,000 1999999. Accident and Health - U.S. Non-Affiliates 0 2,503,000 2199999. Total Accident and Health - Non-Affiliates 2299999. Total Accident and Health 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) 2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) 3.189.413 2,503,000 686,413 9999999 Totals - Life, Annuity and Accident and Health 3.189.413

## SCHEDULE S - PART 3 - SECTION 2

|          |                |                    | Reinsurand   | e Ceded Accid   | dent and Hea   | Ith Insurance List | ed by Reinsuring Co | mpany as of Decen | nber 31, Current Yea | ır             |               |             |                |
|----------|----------------|--------------------|--|-----------------|----------------|--------------------|---------------------|-------------------|----------------------|----------------|---------------|-------------|----------------|
| 1        | 2              | 3                  | 4  | 5               | 6              | 7                  | 8                   | 9                 | 10                   | Outstanding Su | ırplus Relief | 13          | 14             |
| ·        | _              | · ·                | ·  | Domi-           | · ·            | •                  | ŭ                   | Ü                 | Reserve Credit       | 11             | 12            | .0          |                |
| NAIC     |                |                    |  | ciliary         | Type of        | Type of            |                     | Unearned          | Taken Other          |                | .=            | Modified    | Funds Withheld |
| Company  | ID             | Effective          |  | Juris-          | Reinsurance    |                    |                     | Premiums          | than for Unearned    |                |               | Coinsurance | Under          |
| Code     | Number         | Date               | Name of Company  | diction         | Ceded          | Ceded              | Premiums            | (Estimated)       | Premiums             | Current Year   | Prior Year    | Reserve     | Coinsurance    |
|          |                | - 0.10             | uthorized U.S. Affiliates                                  | Giotion         | 00000          | 00000              | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | uthorized Non-U.S. Affiliates                              |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | uthorized Affiliates                                       |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
| 0700000. | Total acricial | 71000dill 710      | atriorized / triilidies                                    |                 |                | Medicare Part D    | •                   | 0                 | 0                    | 0              | 0             | <u> </u>    | 0              |
| 74101    | 13-3156923     | 07/01/2016         | First United American Life Insurance Company               | NY              | OTH/A/I        | Stand Alone        | (96, 579)           |                   | 109,000              |                |               |             |                |
| 1101     | 10 0100020     | .017 0 17 20 10    | The on to him to an Erro modrano company                   |                 |                | Medicare Part D    | (00,070)            |                   |                      |                |               |             |                |
| 74101    | 13-3156923     | 07/01/2016         | First United American Life Insurance Company               | NY              | OTH/A/G        | Stand Alone        | (23, 420)           |                   |                      |                |               |             |                |
|          | 110 0100020    | 2017 0 17 20 10 1. | The on to him to an Erro modrano company                   | 101             | 211070 Q       | Medicare Part D    | (20, 120)           |                   |                      |                |               |             |                |
| 92916    | 73-1128555     | 07/01/2016         | United American Insurance Company                          | NE              | OTH/A/I        | Stand Alone        | 1,346,263           |                   | 8,622,000            |                |               |             |                |
|          |                |                    |  |                 |                | Medicare Part D    |                     |                   | ,,                   |                |               |             |                |
| 92916    | 73-1128555     | .07/01/2016        | United American Insurance Company                          | NE              | OTH/A/G        | Stand Alone        | (2, 151, 211)       |                   |                      |                |               |             |                |
| 0899999. |                |                    | zed U.S. Non-Affiliates                                    |                 |                |                    | (924,947)           | 0                 | 8.731.000            | 0              | 0             | 0           | 0              |
|          |                |                    | uthorized Non-Affiliates                                   |                 |                |                    | (924, 947)          | 0                 | 8,731,000            | 0              | 0             | 0           | 0              |
|          | Total General  |                    |  |                 |                |                    | (924,947)           | 0                 | 8,731,000            | 0              | 0             | 0           | 0              |
|          |                |                    | nauthorized U.S. Affiliates                                |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
| 00000    |                |                    | CVS Caremark Indemnity, Ltd.                               | BMU             | QA/A/I         | MD                 | 655,372,848         | ·                 | (1,414,766)          |                | Ţ.            | -           |                |
| 00000    | AA-3190173     | 01/01/2011         | CVS Caremark Indemnity, Ltd.                               | BMU             | QA/A/G         | MD                 | 3,320,003           |                   |                      |                |               |             |                |
|          |                |                    | orized Non-U.S. Affiliates - Captive                       |                 |                |                    | 658,692,851         | 0                 | (1,414,766)          | 0              | 0             | 0           | 0              |
|          |                |                    | nauthorized Non-U.S. Affiliates                            |                 |                |                    | 658,692,851         | 0                 | (1,414,766)          | 0              | 0             | 0           | 0              |
|          |                |                    | nauthorized Affiliates                                     |                 |                |                    | 658,692,851         | 0                 | (1,414,766)          | 0              | 0             | 0           | 0              |
|          |                |                    | nauthorized Non-Affiliates                                 |                 |                |                    | 000,002,001         | 0                 | (1,111,100)          | 0              | 0             | 0           | 0              |
|          | Total General  |                    |  |                 |                |                    | 658,692,851         | 0                 | (1,414,766)          | 0              | 0             | 0           | -              |
|          |                |                    | ertified U.S. Affiliates                                   |                 |                |                    | 000,002,001         | 0                 | (1,111,700)          | 0              | 0             | 0           | 0              |
|          |                |                    | ertified Non-U.S. Affiliates                               |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | ertified Affiliates  |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           |                |
|          |                |                    | ertified Non-Affiliates                                    |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           |                |
|          | Total General  |                    |  |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | <u> </u>    | 0              |
|          |                |                    | horized. Unauthorized and Certified                        |                 |                |                    | 657.767.904         | 0                 | 7.316.234            | 0              | 0             | 0           | 0              |
|          |                |                    | Authorized U.S. Affiliates                                 |                 |                |                    | 007,707,904         | 0                 | 7,510,254            | 0              | 0             | 0           | -              |
|          |                |                    | Authorized V.S. Affiliates  Authorized Non-U.S. Affiliates |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | Authorized Noti-0.3. Animates  Authorized Affiliates       |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | Authorized Anniales Authorized Non-Affiliates              |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          | Total Separat  |                    |  |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | Unauthorized U.S. Affiliates                               |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    |  |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | Unauthorized Non-U.S. Affiliates                           |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | -              |
|          |                |                    | Unauthorized Affiliates                                    |                 |                |                    | · ·                 | Ť                 | v                    |                | •             | 0           | 0              |
|          |                |                    | Unauthorized Non-Affiliates                                |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | •              |
|          | Total Separat  |                    |  |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | Certified U.S. Affiliates                                  |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | Certified Non-U.S. Affiliates                              |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | Certified Affiliates                                       |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | Certified Non-Affiliates                                   |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          | Total Separat  |                    |  |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
|          |                |                    | Authorized, Unauthorized and Certified                     |                 |                |                    | 0                   | 0                 | 0                    | 0              | 0             | 0           | 0              |
| 6999999. |                | ım of 039999       | 9, 089999, 1499999, 1999999, 2599999, 3099999, 37999       | 99, 4299999, 48 | 99999, 539999  | 9, 5999999 and     |                     |                   |                      |                |               |             |                |
|          | 6499999)       |                    |  |                 |                |                    | (924,947)           | 0                 | 8,731,000            | 0              | 0             | 0           | 0              |
| 7099999. |                |                    | 99999, 0999999, 1799999, 2099999, 2899999, 3199999, 4      | 099999, 4399999 | 9, 5199999, 54 | 99999, 6299999     |                     |                   |                      |                |               |             |                |
|          | and 6599999    | )                  |  |                 |                |                    | 658,692,851         | 0                 | (1,414,766)          | 0              | 0             | 0           | 0              |
| 9999999  | - Totals       |                    |  |                 |                |                    | 657,767,904         | 0                 | 7,316,234            | 0              | 0             | 0           | 0              |

#### ۲.5

#### ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

#### **SCHEDULE S - PART 4**

Reinsurance Ceded to Unauthorized Companies

|          |                |              |   | •            |               | add to diladtiloi | oa oopao      | •          |            |            |              |       |               |                |
|----------|----------------|--------------|---|--------------|---------------|-------------------|---------------|------------|------------|------------|--------------|-------|---------------|----------------|
| 1        | 2              | 3            | 4   | 5            | 6             | 7                 | 8             | 9          | . 10       | 11         | _ 12         | 13    | 14            | 15             |
|          |                |              |   |              |               |                   |               |            | Issuing or |            | Funds        |       |               | Sum of Cols.   |
|          |                |              |   |              | Paid and      |                   |               |            | Confirming |            | Deposited by |       |               | 9+11+12+13     |
| NAIC     |                |              |   |              | Unpaid Losses |                   |               |            | Bank       |            | and Withheld |       | Miscellaneous | +14 but not in |
| Company  | ID             | Effective    |   | Reserve      | Recoverable   |                   | Total         | Letters of | Reference  | Trust      | from         |       | Balances      | Excess of      |
| Code     | Number         | Date         | Name of Reinsurer                                       | Credit Taken | (Debit)       | Other Debits      | (Cols.5+6+7)  | Credit     | Number (a) | Agreements | Reinsurers   | Other | (Credit)      | Col. 8         |
| 0399999. | Total Genera   | Account - L  | ife and Annuity U.S. Affiliates                         | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | C     | 0             | 0              |
| 0699999. | Total General  | Account - L  | ife and Annuity Non-U.S. Affiliates                     | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | C     | 0             | 0              |
| 0799999. | Total Genera   | Account - L  | ife and Annuity Affiliates                              | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | C     | 0             | 0              |
| 1099999. | Total Genera   | Account - L  | ife and Annuity Non-Affiliates                          | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | C     | 0             | 0              |
|          |                |              | e and Annuity   | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | 0     | 0             | 0              |
| 1499999. | Total Genera   | Account - A  | Accident and Health U.S. Affiliates                     | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | 0     | 0             | 0              |
| 00000    | AA-3190173     | D1/01/2011 . | CVS Caremark Indemnity, Ltd.                            | (1,414,766)  | 686,413       | (127, 264, 594)   | (127,992,947) |            |            |            |              |       |               | (127,992,947)  |
| 1599999. | General Acco   | unt - Accide | nt and Health Non-U.S. Affiliates - Captive             | (1,414,766)  | 686,413       | (127, 264, 594)   | (127,992,947) | 0          | XXX        | 0          | 0            | 0     | 0             | (127,992,947)  |
| 1799999. | Total Genera   | Account - A  | Accident and Health Non-U.S. Affiliates                 | (1,414,766)  | 686,413       | (127, 264, 594)   | (127,992,947) | 0          | XXX        | 0          | 0            | 0     | 0             | (127,992,947)  |
| 1899999. | Total Genera   | Account - A  | Accident and Health Affiliates                          | (1,414,766)  | 686,413       | (127, 264, 594)   | (127,992,947) | 0          | XXX        | 0          | 0            | C     | 0             | (127,992,947)  |
| 2199999. | Total Genera   | Account - A  | Accident and Health Non-Affiliates                      | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | C     | 0             | 0              |
| 2299999. | Total Genera   | Account Ac   | cident and Health                                       | (1,414,766)  | 686,413       | (127, 264, 594)   | (127,992,947) | 0          | XXX        | 0          | 0            | 0     | 0             | (127,992,947)  |
| 2399999. | Total Genera   | Account      |   | (1,414,766)  | 686,413       | (127, 264, 594)   | (127,992,947) | 0          | XXX        | 0          | 0            | 0     | 0             | (127,992,947)  |
| 2699999. | Total Separat  | e Accounts - | - U.S. Affiliates                                       | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | 0     | 0             | 0              |
| 2999999. | Total Separat  | e Accounts - | - Non-U.S. Affiliates                                   | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | C     | 0             | 0              |
| 3099999. | Total Separat  | e Accounts - | - Affiliates  | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | 0     | 0             | 0              |
| 3399999. | Total Separat  | e Accounts - | - Non-Affiliates  | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | 0     | 0             | 0              |
| 3499999. | Total Separat  | e Accounts   |   | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | 0     | 0             | 0              |
| 3599999. | Total U.S. (Si | ım of 03999  | 99, 0899999, 1499999, 1999999, 2699999 and 3199999)     | 0            | 0             | 0                 | 0             | 0          | XXX        | 0          | 0            | 0     | 0             | 0              |
| 3699999. | Total Non-U.S  | 6. (Sum of 0 | 699999, 0999999, 1799999, 2099999, 2999999 and 3299999) | (1,414,766)  | 686,413       | (127, 264, 594)   | (127,992,947) | 0          | XXX        | 0          | 0            | C     | 0             | (127,992,947)  |
| 9999999  | - Totals       |              |   | (1,414,766)  | 686,413       | (127, 264, 594)   | (127,992,947) | 0          | XXX        | 0          | 0            | 0     | 0             | (127,992,947)  |
|          |                |              |   |              |               |                   |               |            |            |            |              |       |               |                |

| (a) | Issuing or<br>Confirming<br>Bank<br>Reference<br>Number | Letters<br>of<br>Credit<br>Code | American Bankers Association<br>(ABA) Routing Number | Issuin | ür | ng | k Name |   | Λ |  | Letters of<br>Credit Amount |
|-----|---|---------------------------------|--|--------|----|----|--------|---|---|--|-----------------------------|
|     |   |                                 |  |        |    |    |        | · |   |  |                             |

# Schedule S - Part 5 NONE

Schedule S - Part 5 - Bank Footnote **NONE** 

# SCHEDULE S - PART 6

|     | Five Year E  |           | e Ceded Business (S | . , , , , , , , , , , , , , , , , , , , |           |           |
|-----|--|-----------|---------------------|---|-----------|-----------|
|     |  | 1<br>2017 | 2<br>2016           | 3<br>2015                               | 4<br>2014 | 5<br>2013 |
|     | A. OPERATIONS ITEMS  |           |                     |   |           |           |
| 1.  | Premiums   | 657,768   | 739,335             | 584,953                                 | 636,852   | 794 , 107 |
| 2.  | Title XVIII - Medicare   | 0         | 0                   | 0                                       | 0         | 0         |
| 3.  | Title XIX - Medicaid   | 0         | 0                   | 0                                       | 0         | 0         |
| 4.  | Commissions and reinsurance expense allowance  | 85,984    | 119,484             | 71,218                                  | 74,238    | 82,595    |
| 5.  | Total hospital and medical expenses  | 564,907   | 507,553             | 425,424                                 | 513,790   | 621,455   |
|     | B. BALANCE SHEET ITEMS   |           |                     |   |           |           |
| 6.  | Premiums receivable  | 6,776     | 4,075               | 3,223                                   | 3,469     | 4,209     |
| 7.  | Claims payable   | 3,189     | 10,904              | 3,635                                   | 28,906    | 50,012    |
| 8.  | Reinsurance recoverable on paid losses   | 0         | 3,631               | 1,702                                   | 0         | 0         |
| 9.  | Experience rating refunds due or unpaid  | 8,731     | 58,311              | 40,471                                  | 47,117    | 54,972    |
| 10. | Commissions and reinsurance expense allowances due                                   |           |                     |   |           |           |
| 11. | Unauthorized reinsurance offset  |           |                     | 49,258                                  | 75,731    | 154,526   |
| 12. | Offset for reinsurance with Certified Reinsurers                                     |           |                     |   |           |           |
|     | C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)                    |           |                     |   |           |           |
| 13. | Funds deposited by and withheld from (F)   | 0         | 0                   | 49,258                                  | 75,731    | 154,526   |
| 14. | Letters of credit (L)  | 0         | 0                   | 0                                       | 0         | 0         |
| 15. | Trust agreements (T)   | 0         | 0                   | 0                                       | 0         | 0         |
| 16. | Other (O)  | 0         | 0                   | 0                                       | 0         | 0         |
|     | D. REINSURANCE WITH CERTIFIED<br>REINSURERS (DEPOSITS BY AND FUNDS<br>WITHHELD FROM) |           |                     |   |           |           |
| 17. | Multiple Beneficiary Trust   |           | 0                   |   |           |           |
| 18. | Funds deposited by and withheld from (F)   |           | 0                   |   |           |           |
| 19. | Letters of credit (L)  |           | 0                   |   |           |           |
| 20. | Trust agreements (T)   |           | 0                   |   |           |           |
| 21. | Other (O)  |           | 0                   |   |           |           |

#### **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

|     | ,   | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|-----|---|------------------------------------|---------------------------------|-----------------------------------|
|     | ASSETS (Page 2, Col. 3)   |                                    |                                 |                                   |
| 1.  | Cash and invested assets (Line 12)  | 159,793,669                        |                                 | 159,793,669                       |
| 2.  | Accident and health premiums due and unpaid (Line 15)   | 30,801,976                         | 8,190,726                       | 38,992,702                        |
| 3.  | Amounts recoverable from reinsurers (Line 16.1)   | 0                                  | 0                               | 0                                 |
| 4.  | Net credit for ceded reinsurance  | XXX                                | (155,310,317)                   | (155,310,317)                     |
| 5.  | All other admitted assets (Balance)   | 1,884,796,407                      | 124,616,234                     | 2,009,412,641                     |
| 6.  | Total assets (Line 28)  | 2,075,392,052                      | (22,503,357)                    | 2,052,888,695                     |
|     | LIABILITIES, CAPITAL AND SURPLUS (Page 3)   |                                    |                                 |                                   |
| 7.  | Claims unpaid (Line 1)  | 4,960,450                          | 686,413                         | 5,646,863                         |
| 8.  | Accrued medical incentive pool and bonus payments (Line 2)  | 710,346                            | 25,000                          | 735,346                           |
| 9.  | Premiums received in advance (Line 8)   | 18,344,169                         | 4,102,600                       | 22,446,769                        |
| 10. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) | 27,317,370                         | (27,317,370)                    | 0                                 |
| 11. | Reinsurance in unauthorized companies (Line 20 minus inset amount)  | 0                                  |                                 | 0                                 |
| 12. | Reinsurance with Certified Reinsurers (Line 20 inset amount)  |                                    |                                 | 0                                 |
| 13. | Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)  | 0                                  |                                 | 0                                 |
| 14. | All other liabilities (Balance)   | 1,058,474,460                      |                                 | 1,058,474,460                     |
| 15. | Total liabilities (Line 24)   | 1,109,806,795                      | (22,503,357)                    | 1,087,303,438                     |
| 16. | Total capital and surplus (Line 33)   | 965,585,257                        | XXX                             | 965,585,257                       |
| 17. | Total liabilities, capital and surplus (Line 34)  | 2,075,392,052                      | (22,503,357)                    | 2,052,888,695                     |
|     | NET CREDIT FOR CEDED REINSURANCE  |                                    |                                 |                                   |
| 18. | Claims unpaid   | 686,413                            |                                 |                                   |
| 19. | Accrued medical incentive pool  | 25,000                             |                                 |                                   |
| 20. | Premiums received in advance  | 4,102,600                          |                                 |                                   |
| 21. | Reinsurance recoverable on paid losses  | 0                                  |                                 |                                   |
| 22. | Other ceded reinsurance recoverables  | (124,616,234)                      |                                 |                                   |
| 23. | Total ceded reinsurance recoverables  | (119,802,221)                      |                                 |                                   |
| 24. | Premiums receivable   | 8,190,726                          |                                 |                                   |
| 25. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers   | 27,317,370                         |                                 |                                   |
| 26. | Unauthorized reinsurance  | 0                                  |                                 |                                   |
| 27. | Reinsurance with Certified Reinsurers   | 0                                  |                                 |                                   |
| 28. | Funds held under reinsurance treaties with Certified Reinsurers   | 0                                  |                                 |                                   |
| 29. | Other ceded reinsurance payables/offsets  | . 0                                |                                 |                                   |
| 30. | Total ceded reinsurance payables/offsets  | . 35,508,096                       |                                 |                                   |
| 31. | Total net credit for ceded reinsurance  | (155,310,317)                      |                                 |                                   |

#### ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

### **SCHEDULE T - PART 2**

### **INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories Direct Business Only 5 2 3 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Individual) Contracts Totals 1. Alabama ..... 3. ... AZ 4. ..... AR 5. California ... CA 6 Colorado CO 7. Connecticut 8. \_\_\_\_\_ DE Delaware ..... 9. 10. Florida ..... FL 11. Georgia ...... GA Hawaii ...... HI 13. .....ID 14. .....IL Indiana ..... ..... IN 15 16. lowa .....IA ..... KS 17. Kansas .... 18. Kentucky ..... ..... KY 19. Louisiana ...... LA 20. Maine ..... ..... ME 21. ..... MD Maryland ..... 22. Massachusetts ..... ..... MA 23. Michigan ..... ..... MI 24. Minnesota ..... MN 25. Mississippi ..... MS 26. Missouri MO ..... MT 27. Montana ..... 28. Nebraska ..... 29. Nevada ..... 31. New Jersey ...... 32. New Mexico ..... 33. New York ..... 34. North Carolina ...... NC ..... ND 35. North Dakota ..... ..... OH 36. Ohio 37. Oklahoma ...... OK 38. .....OR Oregon ..... 39. Pennsylvania ..... ..... PA 40. ..... RI 41. South Carolina ...... SC 42. South Dakota ...... SD 43 Tennessee ...... TN 44 Texas TX Utah ...... UT 45. Vermont ...... VT 46. 47. Virginia ...... VA 48. Washington ...... WA 49. West Virginia ..... WV 50. Wisconsin ..... WI 51. Wyoming ...... ..... WY 52. American Samoa ...... AS 53 Guam ..... GU ..... PR 54. Puerto Rico 55. U.S. Virgin Islands \_\_\_\_\_ VI 56. Northern Mariana Islands ..... MP 57. Canada ...... CAN Aggregate Other Alien ...... OT 58.

59.

Total

### ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

# **SCHEDULE Y**

# PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1        | 2            | 3       | 1          | 5       | 6   | 7                  | Q                                    | a       | 10        | 11                      | 12                 | 13       | 1.4                    | 15      | 16       |
|----------|--------------|---------|------------|---------|-----|--------------------|--------------------------------------|---------|-----------|-------------------------|--------------------|----------|------------------------|---------|----------|
| '        | 2            | 3       | 4          | 3       | 0   | /                  | 0                                    | 9       | 10        | ''                      | Type               | 15       | 14                     | 13      | 10       |
|          |              |         |            |         |     |                    |                                      |         |           |                         |                    | 0        |                        |         |          |
|          |              |         |            |         |     |                    |                                      |         |           |                         | of Control         | Control  |                        | 1.      |          |
|          |              |         |            |         |     |                    |                                      |         |           |                         | (Ownership,        | is       |                        | ls an   |          |
|          |              |         |            |         |     | Name of Securities |                                      |         | Relation- |                         | Board,             | Owner-   |                        | SCA     |          |
|          |              |         |            |         |     | Exchange           |                                      | Domi-   | ship      |                         | Management,        | ship     |                        | Filing  |          |
|          |              | NAIC    |            |         |     | if Publicly Traded | Names of                             | ciliary | to        |                         | Attorney-in-Fact,  | Provide  |                        | Re-     |          |
| Group    |              | Company | ID         | Federal |     | (U.Ś. or           | Parent, Subsidiaries                 | Loca-   | Reporting | Directly Controlled by  | Influence,         | Percen-  | Ultimate Controlling   | quired? |          |
| Code     | Group Name   | Code    | Number     | RSSD    | CIK | International)     | Or Affiliates                        | tion    | Entity    | (Name of Entity/Person) | Other)             | tage     | Entity(ies)/Person(s)  | (Y/N)   | *        |
| 4667 CVS | S HEALTH GRP | 00000   | 05-0494040 |         |     | NYSE               | CVS Health Corporation               | DE      | UIP       | Board of Directors      | Board of Directors | 100.000  | CVS Health Corporation | N       |          |
|          | S HEALTH GRP | 63444   | 06-1566092 |         |     |                    | Accendo Insurance Company            | UT      | IA        | CVS Health Corporation  | Management         |          | CVS Health Corporation | N       | ]        |
|          | S HEALTH GRP | 12575   | 20-2833904 |         |     |                    | SilverScript Insurance Company       | TN      | IA        | CVS Health Corporation  | Management_        | _100.000 | CVS Health Corporation | N       | ]        |
|          | S HEALTH GRP | 67660   | 23-1305366 |         |     |                    | Pennsylvania Life Insurance Co.      | PA      | IA        | CVS Health Corporation  | Management         |          | CVS Health Corporation | N       |          |
|          | S HEALTH GRP | 00000   | 05-0340626 |         |     | l                  | CVS Pharmacy, Inc                    | RI      | NI A      | CVS Health Corporation  | Management         |          | CVS Health Corporation | N       | J        |
| 4667 CVS | S HEALTH GRP | 00000   | 20-8404182 |         |     |                    | Caremark, Rx., L.L.C.                | DE      | NI A      | CVS Health Corporation  | Management         |          | CVS Health Corporation | N       |          |
|          | S HEALTH GRP | 00000   | 61-1715010 |         |     | l                  | Part D Holding Company, L.L.C.       | DE      | UDP       | CVS Health Corporation  | Management         |          | CVS Health Corporation | N       | J        |
|          | S HEALTH GRP | 00000   | 33-1113587 |         |     |                    | CVS Caremark Part D Services, L.L.C. | DE      | NI A      | CVS Health Corporation  | Management         |          | CVS Health Corporation | N       |          |
|          | S HEALTH GRP | 00000   | 87-0548860 |         |     |                    | RxAmerica, L.L.C.                    | DE      | NI A      | CVS Health Corporation  | Management         |          | CVS Health Corporation | N       |          |
| 4667 CVS | S HEALTH GRP | 00000   | 11-2580136 |         |     |                    | Caremark Ulysses Holding Corporation | NY      | NI A      | CVS Health Corporation  | Management         | 100.000  | CVS Health Corporation | N       |          |
| 4667 CVS | S HEALTH GRP | 00000   | 87-0804047 |         |     |                    | MemberHealth L.L.C.                  | DE      | NI A      | CVS Health Corporation  | Management         | 100.000  | CVS Health Corporation | N       | <u> </u> |
| 4667 CVS | S HEALTH GRP | 00000   | 05-0500188 |         |     |                    | CVS Caremark Indemnity, Ltd.         | BMU     | IA        | CVS Health Corporation  | Management         | 100.000  | CVS Health Corporation | N       |          |
| 4667 CVS | S HEALTH GRP | 00000   | 27-1298765 |         |     |                    | UAC Holding, Inc                     | DE      | NI A      | CVS Health Corporation  | Management         | 100.000  | CVS Health Corporation | N       | <u> </u> |
| 4667 CVS | S HEALTH GRP | 00000   | 05-0497953 |         |     |                    | CVS Foreign, Inc.                    | NY      | NI A      | CVS Health Corporation  | Management         |          | CVS Health Corporation | N       |          |
|          |              |         |            |         |     |                    |                                      |         |           |                         |                    |          |                        |         |          |
|          |              |         |            |         |     |                    |                                      |         |           |                         |                    |          |                        |         |          |
|          |              |         | l          |         |     |                    |                                      |         | ļ         |                         |                    |          |                        |         |          |
|          |              |         |            |         |     |                    |                                      |         |           |                         |                    |          |                        |         |          |
|          |              |         |            |         |     |                    |                                      |         | ļ         |                         |                    |          |                        |         |          |
|          |              |         |            |         |     |                    |                                      |         |           |                         |                    |          |                        |         |          |
|          |              |         |            |         |     |                    |                                      |         | ļ         |                         |                    |          |                        |         |          |
|          |              |         |            |         |     | 1                  |                                      |         |           |                         |                    |          |                        |         | 1        |

| Asterisk | Explanation |
|----------|-------------|
| ASIGIISK | Explanation |
|          |             |
|          |             |

# **SCHEDULE Y**

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

|            |               | . / \ -                             | - SOMMAN     | •             | oonen o            |                    | ,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                 | <i>,</i> ,, , , , , , , , , , , , , , , , , , | .,                  |               |                   |
|------------|---------------|-------------------------------------|--------------|---------------|--------------------|--------------------|---|-----------------|---|---------------------|---------------|-------------------|
| 1          | 2             | 3                                   | 4            | 5             | 6                  | 7<br>Income/       | 8   | 9               | 10  | 11                  | 12            | 13                |
|            |               |                                     |              |               |                    | (Disbursements)    |   |                 |   |                     |               |                   |
|            |               |                                     |              |               | Purchases, Sales   | Incurred in        |   |                 |   |                     |               | Reinsurance       |
|            |               |                                     |              |               | or Exchanges of    | Connection with    |   | Income/         |   | Any Other Material  |               | Recoverable/      |
|            |               |                                     |              |               | Loans, Securities, | Guarantees or      |   | (Disbursements) |   | Activity Not in the |               | (Payable) on      |
| NAIC       |               |                                     |              |               | Real Estate,       | Undertakings for   | Management                                    | Incurred Under  |   | Ordinary Course of  |               | Losses and/or     |
| Company    | ID            | Names of Insurers and Parent,       | Shareholder  | Capital       | Mortgage Loans or  | the Benefit of any | Agreements and                                | Reinsurance     |   | the Insurer's       |               | Reserve Credit    |
| Code       | Number        | Subsidiaries or Affiliates          | Dividends    | Contributions | Other Investments  | Affiliate(s)       | Service Contracts                             | Agreements      | *   | Business            | Totals        | Taken/(Liability) |
| 12575      | 20-2833704    | SilverScript Insurance Co.          |              |               |                    |                    | (413,835,539)                                 |                 |   |                     | (413,835,539) | (62,884,527)      |
| 00000      | 33-1113587    | CVS Caremark Part D Services, LLC   | L            |               |                    |                    | 413,835,539                                   |                 |   |                     | 413,835,539   |                   |
| 00000      | AA-3190173    | CVS Caremark Indemnity, Ltd         |              |               |                    |                    |   |                 |   |                     | 0             | 62,884,527        |
| 00000      | 20-8404182    | Caremark Rx., L.L.C.                | 20,401,822   |               |                    |                    |   |                 |   |                     | 20,401,822    |                   |
| 67660      | 23-1305366    | Pennsylvania Life Insurance Company | (20,000,000) |               |                    |                    |   |                 |   |                     | (20,000,000)  |                   |
| 14337      | 20-2840526    | Pharmacare Captive RE, Ltd          | (401,822)    |               |                    |                    |   |                 |   |                     | (401,822)     |                   |
|            |               |                                     |              |               |                    |                    |   |                 |   |                     |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 |   |                     |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 |   |                     |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 |   |                     |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 |   |                     |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 |   |                     |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 | ····  |                     |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 | ····  |                     |               |                   |
|            | -             |                                     |              |               |                    |                    |   |                 |   |                     |               |                   |
|            | -             |                                     | ļ            |               |                    |                    |   |                 |   |                     |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 | <del>-</del>                                  | -                   |               |                   |
|            |               |                                     | ļ            |               | -                  |                    |   |                 |   | -                   |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 |   |                     |               |                   |
|            |               |                                     |              |               |                    |                    |   |                 |   |                     |               |                   |
|            |               |                                     | _            |               |                    | _                  | _   |                 |   |                     | _             |                   |
| 9999999 Co | ntrol I otals |                                     | 0            | 0             | 0                  | 0                  | 0   |                 | 0 XXX   | 0                   | 0             | 0                 |

### ANNUAL STATEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

|            |  | Responses                           |
|------------|--|-------------------------------------|
|            | MARCH FILING   |                                     |
| 1.         | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?   |                                     |
| 2.         | Will an actuarial opinion be filed by March 1?   | YES                                 |
| 3.         | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?   | YES                                 |
| 4.         | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?  |                                     |
|            |  |                                     |
|            | APRIL FILING   |                                     |
| 5.         | Will Management's Discussion and Analysis be filed by April 1?   | YES                                 |
| 6.         | Will the Supplemental Investment Risks Interrogatories be filed by April 1?  | YES                                 |
| 7.         | Will the Accident and Health Policy Experience Exhibit be filed by April 1?  |                                     |
|            |  |                                     |
|            | JUNE FILING  |                                     |
| 8.         | Will an audited financial report be filed by June 1?   | YES                                 |
| 9.         | Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?   | YES                                 |
|            |  |                                     |
|            | AUGUST FILING  |                                     |
| 10.        | Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and  |                                     |
|            | electronically with the NAIC (as a regulator-only non-public document) by August 1?  | YES                                 |
|            | The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company do  | oes not transact the type of        |
|            | business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provi the interrogatory questions.  MARCH FILING  | " report and a bar code will        |
| 11.        | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | NΛ                                  |
| 11.<br>12. | Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  |                                     |
|            |  |                                     |
| 13.        | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | NO                                  |
| 14.        | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?   | NO                                  |
| 15.        | Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of  | INO                                 |
| ١٠.        | domicile and electronically with the NAIC by March 1?  | NO                                  |
| 16.        | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  |                                     |
| 17.        | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed  | TEG                                 |
|            | electronically with the NAIC by March 1?   | NO                                  |
| 18.        | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed  |                                     |
| 19.        | electronically with the NAIC by March 1?  Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically   | NO                                  |
| 13.        | with the NAIC by March 1?  | NO                                  |
|            | APRIL FILING   |                                     |
| 20.        | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | NO                                  |
| 21.        | Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  |                                     |
| 22.        | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?  | YES                                 |
| 23.        | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the  |                                     |
|            | NAIC by April 1?   | NO                                  |
| 0.4        | AUGUST FILING  | \/F0                                |
| 24.        | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?   | YES                                 |
|            | Explanations:  |                                     |
| 11.        |  |                                     |
| 13.        |  |                                     |
| 14.        |  |                                     |
| 15.        |  |                                     |
| 17.        |  |                                     |
| 18.        |  |                                     |
| 19.        |  |                                     |
| 20.        |  |                                     |
| 23.        |  |                                     |
|            | Pay Codes:   |                                     |
| 11         | Bar Codes:  Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]   |                                     |
| 11.        | Medicare Supplement insurance Experience Exhibit [Document identifier 360]   |                                     |
|            |  |                                     |
|            | 1 2 5 7 5 2 0 1 7 3 6 0 0 0  | 0 0 0                               |
| 13.        | SIS Stockholder Information Supplement [Document Identifier 420]   |                                     |
|            |  |                                     |
|            | 1 2 5 7 7 5 2 0 1 7 7 4 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | 0 0 0                               |
| 14.        | Participating Opinion for Exhibit 5 [Document Identifier 371]  |                                     |
|            |  |                                     |
|            |  | <b>     </b>                        |
| 4.5        | New Consented Opinion for Full-life (Decomposed Monthly 2017)  |                                     |
| 15.        | Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]   |                                     |
|            |  |                                     |
|            | 1 2 5 7 5 2 0 1 7 3 7 0 0 0  | 0 0 0                               |
| 17.        | Relief from the five-year rotation requirement for lead audit partner [Document  |                                     |
|            | Identifier 224]  |                                     |
|            |  |                                     |
| 18.        | Relief from the one-year cooling off period for independent CPA  |                                     |
| 10.        | [Document Identifier 225]  |                                     |
|            |  |                                     |
|            | 1 2 5 7 5 2 0 1 7 2 2 5 0 0  | 0 0 0                               |
| 19.        | Relief from the Requirements for Audit Committees [Document Identifier 226]  |                                     |
|            |  |                                     |
|            | · ····································   |                                     |
| 20.        | Long-Term Care Experience Reporting Forms [Document Identifier 306]  |                                     |
|            |  |                                     |
|            |  |                                     |
| 23.        | Supplemental Health Care Exhibit's Expense Allocation Report   |                                     |
| ۵.         | [Document Identifier 217]  |                                     |
|            | וואן וואן וואן וואן אוואן וואן אוואן וואן אוואן וואן אוואן | II ŠŽILII ŠŽILII ŠŽILI I <b>zli</b> |
|            | 1 2 5 / 5 2 0 1 / 2 1 7 0 0  | v V V                               |



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

|     | Group Code 4667   | Individual Co |                | Group Cov    |   | any Code 12575<br>5                     |  |
|-----|---|---------------|----------------|--------------|---|---|--|
|     |   | 1<br>Insured  | 2<br>Uninsured | 3<br>Insured | 4<br>Uninsured                          | Total Cash                              |  |
| 1.  | Premiums Collected                                      | modrod        | Crimicarda     | modrod       | Offiniodiod                             |   |  |
|     | 1.1 Standard Coverage                                   |               |                |              |   |   |  |
|     | 1.11 With Reinsurance Coverage                          | 2.818.256.265 | XXX            |              | XXX                                     | 2.818.256.2                             |  |
|     | 1.12 Without Reinsurance Coverage                       |               |                |              | XXX                                     |   |  |
|     | 1.13 Risk-Corridor Payment Adjustments                  |               |                |              |   |   |  |
|     | 1.2 Supplemental Benefits                               |               |                |              | XXX                                     |   |  |
| 2.  | Premiums Due and Uncollected-change                     |               |                |              |   | , , , , , , , , , , , , , ,             |  |
|     | 2.1 Standard Coverage                                   |               |                |              |   |   |  |
|     | 2.11 With Reinsurance Coverage                          | 32.598.042    | XXX            |              | XXX                                     | XXX                                     |  |
|     | 2.12 Without Reinsurance Coverage                       |               |                |              | XXX                                     | XXX                                     |  |
|     | 2.2 Supplemental Benefits                               |               |                |              | XXX                                     | XXX                                     |  |
| 3.  | Unearned Premium and Advance Premium-change             |               |                |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| ٥.  | 3.1 Standard Coverage                                   |               |                |              |   |   |  |
|     | 3.11 With Reinsurance Coverage                          | 13 363 197    | YYY            |              | YYY                                     | XXX                                     |  |
|     | 3.12 Without Reinsurance Coverage                       |               |                |              |   | XXX                                     |  |
|     | 3.2 Supplemental Benefits                               |               |                |              | 1001                                    | XXX                                     |  |
| 4.  | Risk-Corridor Payment Adjustments-change                |               |                |              |   |   |  |
| 4.  | 4.1 Receivable  | 3 608 136     | vvv            |              | vvv                                     | <b>VVV</b>                              |  |
|     | 4.2 Payable   |               |                |              |   |   |  |
| 5.  | Earned Premiums   | 223,000,470   |                |              |   | XXX                                     |  |
| 5.  |   |               |                |              |   |   |  |
|     | 5.1 Standard Coverage                                   | 2 927 401 110 | VVV            | 0            | VVV                                     | VVV                                     |  |
|     | 5.11 With Reinsurance Coverage                          |               |                | 0            | XXXXXX                                  | XXX                                     |  |
|     | 5.12 Without Reinsurance Coverage                       |               | XXX            | 13,323,937   |   |   |  |
|     | 5.13 Risk-Corridor Payment Adjustments                  |               |                | 0            |   | XXX                                     |  |
| _   | 5.2 Supplemental Benefits                               | 47,835,881    | XXX            | 0            | XXX                                     | XXX                                     |  |
| 6.  | Total Premiums  | 2,866,974,105 | XXX            | 13,325,937   | XXX                                     | 2,630,860,3                             |  |
| 7.  | Claims Paid   |               |                |              |   |   |  |
|     | 7.1 Standard Coverage                                   |               |                |              |   |   |  |
|     | 7.11 With Reinsurance Coverage                          |               |                |              |   |   |  |
|     | 7.12 Without Reinsurance Coverage                       |               |                |              |   |   |  |
|     | 7.2 Supplemental Benefits                               | 49,204,127    | XXX            |              | XXX                                     | 49 , 204 , 12                           |  |
| 8.  | Claim Reserves and Liabilities-change                   |               |                |              |   |   |  |
|     | 8.1 Standard Coverage                                   |               |                |              |   |   |  |
|     | 8.11 With Reinsurance Coverage                          |               |                |              |   |   |  |
|     | 8.12 Without Reinsurance Coverage                       |               |                |              |   |   |  |
|     | 8.2 Supplemental Benefits                               | (100,979)     | XXX            |              | XXX                                     | XXX                                     |  |
| 9.  | Health Care Receivables-change                          |               |                |              |   |   |  |
|     | 9.1 Standard Coverage                                   |               |                |              |   |   |  |
|     | 9.11 With Reinsurance Coverage                          |               |                |              | XXX                                     | XXX                                     |  |
|     | 9.12 Without Reinsurance Coverage                       |               | XXX            |              | XXX                                     | XXX                                     |  |
|     | 9.2 Supplemental Benefits                               | 3,554,503     | XXX            |              | XXX                                     | XXX                                     |  |
| 10. | Claims Incurred   |               |                |              |   |   |  |
|     | 10.1 Standard Coverage                                  |               |                |              |   |   |  |
|     | 10.11 With Reinsurance Coverage                         | 2,201,446,438 | XXX            | 0            | XXX                                     | XXX                                     |  |
|     | 10.12 Without Reinsurance Coverage                      | 0             | XXX            | 6,067,412    | XXX                                     | XXX                                     |  |
|     | 10.2 Supplemental Benefits                              | 45,548,645    | XXX            | 0            | XXX                                     | XXX                                     |  |
| 11. | Total Claims  | 2,246,995,083 | XXX            | 6,067,412    | XXX                                     | 2,465,128,1                             |  |
| 12. | Reinsurance Coverage and Low Income Cost<br>Sharing     |               |                |              |   |   |  |
|     | 12.1 Claims Paid - Net of Reimbursements Applied        | xxx           | 282,361,543    | XXX          | (234,006,448)                           | 48,355,0                                |  |
|     | 12.2 Reimbursements Received but Not Applied-<br>change | XXX           |                | XXX          |   |   |  |
|     | 12.3 Reimbursements Receivable-change                   | xxx           | 282,361,543    | XXX          | 234,006,448                             | XXX                                     |  |
|     | 12.4 Health Care Receivables-change                     |               |                | XXX          |   | XXX                                     |  |
| 13. | Aggregate Policy Reserves-change                        |               |                |              |   | XXX                                     |  |
| 14. | Expenses Paid   | 332,845,426   | XXX            | 1,547,093    | XXX                                     | 334,392,5                               |  |
| 15. | Expenses Incurred                                       | 330,690,508   | XXX            | 1,537,077    |   | XXX                                     |  |
| 16. | Underwriting Gain/Loss                                  | 289,288,514   | XXX            | 5,721,448    | XXX                                     | XXX                                     |  |
| 17. | Cash Flow Results                                       | XXX           | XXX            | XXX          | XXX                                     | (217,015,3                              |  |

## Life Supplement Cover

# NONE

Life Supplement - Exhibit 5 - Aggregate Reserve for Life Contracts **NONE** 

Life Supplement - Exhibit 5 - Interrogatories **NONE** 

Life Supplement - Exhibit 7 - Deposit-Type Contracts **NONE** 

Life Supplement - Schedule S - Part 1 - Section 1 NONE

Life Supplement - Schedule S - Part 3 - Section 1 NONE



| DIRECT BUSINESS IN THE NAIC Group Code 4667  | STATE O             | F Alabama          |              | LI            | FE II    | NSUR <i>A</i>     | ANCE  | <b>=</b> |                         | _                |              | /EAR 2017<br>/ Code 12575 |
|--|---------------------|--------------------|--------------|---------------|----------|-------------------|-------|----------|-------------------------|------------------|--------------|---------------------------|
|  | PREMIUMS            | i                  |              | 1             |          | 2<br>dit Life (Gı |       |          | 3                       | 4                |              | 5                         |
| AND ANNUITY O  |                     |                    | Ordi         | inary         | an       | ıd Individu       | al)   | Gr       | oup                     | Industria        | I            | Total                     |
| Life insurance  Appuits considerations   |                     |                    |              |               |          |                   |       |          |                         | <b>+</b>         |              |                           |
| <ol> <li>Annuity considerations</li> <li>Deposit-type contract fund</li> </ol>   |                     |                    |              |               |          |                   |       |          |                         | VVV              |              |                           |
| Other considerations   |                     |                    |              |               |          | XXX               |       |          |                         |                  |              |                           |
| 5. Totals (Sum of Lines 1 to   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| DIRECT DIVIDENDS   |                     | YHOLDERS           |              |               |          |                   |       |          |                         |                  |              |                           |
| Life insurance:  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 6.1 Paid in cash or left on  | deposit             |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 6.2 Applied to pay renewa  | l premiums          |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 6.3 Applied to provide pai   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| the endowment or pre   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 6.4 Other  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 6.5 Totals (sum of Line 6.   | 1 to 6.4)           |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| Annuities:   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 7.1 Paid in cash or left on  |                     |                    |              |               |          |                   |       |          |                         | ļ                |              |                           |
| 7.2 Applied to provide pai   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 7.3 Other  |                     |                    | <b>\</b>     |               |          |                   |       |          |                         |                  |              |                           |
| 7.4 Totals (sum of Lines 7   |                     |                    |              |               | <b>—</b> |                   |       |          |                         |                  |              |                           |
| <ol><li>Grand Totals (Lines 6.5 p</li></ol>  |                     |                    | 7            |               |          |                   |       |          |                         |                  |              |                           |
| DIRECT CLAIMS A  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 9. Death benefits  |                     |                    |              |               | <b>9</b> |                   |       |          |                         |                  |              |                           |
| <ol><li>Matured endowments</li></ol>   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 11. Annuity benefits   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 12. Surrender values and with  |                     |                    | l            |               |          |                   |       | l        |                         | <del> </del>     |              |                           |
| 13. Aggregate write-ins for mi   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| and benefits paid  |                     |                    |              |               |          |                   |       |          |                         | †                |              |                           |
| 14. All other benefits, except a   | accident and        | u nediln           |              |               | L        |                   |       |          |                         | †                |              |                           |
| 15. Totals   | ,                   |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| DETAILS OF WRITE-INS   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 1301   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 1302.  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 1303.  |                     |                    |              |               |          |                   |       |          |                         | <del> </del>     |              |                           |
| 1398. Summary of Line 13 from 1399. Totals (Lines 1301 thru 13   |                     | •                  |              |               |          |                   |       |          |                         |                  |              |                           |
| above)   | ous pius Tos        | o) (Line 13        |              |               |          |                   |       |          |                         |                  |              |                           |
| 45575)   |                     |                    |              |               |          |                   |       |          |                         | I.               |              |                           |
|  |                     | 0 "                |              | Credit Life   |          |                   | _     |          |                         |                  |              | <b>-</b>                  |
| DIRECT DEATH   | 1                   | Ordinary<br>2      |              | and Individ   | ual)     | -                 | Group |          | 7 In                    | <u>idustrial</u> | 9            | Total                     |
| DIRECT DEATH<br>BENEFITS AND   | '                   | 2                  | 3<br>No. of  | 4             |          | 5                 |       | 6        | /                       | 8                | 9            | 10                        |
| MATURED  |                     |                    | Ind.Pols.    |               |          |                   |       |          |                         |                  |              |                           |
| ENDOWMENTS   |                     |                    | & Gr.        |               |          | No. of            |       |          |                         |                  |              |                           |
| INCURRED   | No.                 | Amount             | Certifs.     | Amour         | nt       | Certifs.          | A     | mount    | No.                     | Amount           | No.          | Amount                    |
| 16. Unpaid December 31, prior  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| year   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 17. Incurred during current year   |                     |                    |              |               |          |                   |       |          | ļ                       |                  | ļ            |                           |
| Settled during current year:   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 18.1 By payment in full  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 18.2 By payment on   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| compromised claims .<br>18.3 Totals paid   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 18.4 Reduction by  | 1                   |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| compromise   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 18.5 Amount rejected   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 18.6 Total settlements   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 19. Unpaid Dec. 31, current  |                     |                    |              |               |          |                   | 7     |          |                         |                  |              |                           |
| year (16+17-18.6)  |                     |                    |              |               |          | <b>III</b> 7      | `     |          |                         |                  |              |                           |
|  |                     |                    |              |               |          | . of              |       |          |                         |                  |              |                           |
| POLICY EXHIBIT   |                     | _                  |              |               |          | Policies          |       |          |                         |                  |              |                           |
| 20. In force December 31, prior  |                     |                    |              | ( )           |          |                   |       |          |                         |                  |              |                           |
| year   |                     |                    |              | (a)           |          | <del> </del>      |       |          | <del> </del>            |                  | <del> </del> |                           |
| 21. Issued during year   |                     |                    |              |               |          |                   |       |          | <del> </del>            |                  |              |                           |
| 22. Other changes to in force (Net)  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 23. In force December 31 of  |                     |                    |              |               |          |                   |       |          | T                       |                  |              |                           |
| current year   |                     |                    |              | (a)           |          |                   |       |          |                         |                  |              |                           |
| a) Includes Individual Credit Life   | Insurance p         | rior year \$       |              | , C           | current  | year \$           |       |          |                         |                  |              |                           |
| Includes Group Credit Life Inst  | urance Loar         | ns less than or ed | qual to 60 m | onths at issu | ue, pric | or year \$        |       |          | , cui                   | rrent year \$    |              |                           |
| Loans greater than 60 months   | at issue BL         | JT NOT GREATE      | ER THAN 1    | 20 MONTHS     | S, prior | year \$           |       |          |                         |                  |              |                           |
|  |                     | -                  | \            | NT AND        |          |                   | leir  |          |                         |                  |              |                           |
|  |                     |                    |              | NT AND        | пЕА      |                   | 10Cr  |          | •                       | 1                |              |                           |
|  |                     |                    | · ·          | 1             |          | 2                 |       |          | 3<br>In Boid Or         | 4                |              | 5                         |
|  |                     |                    |              |               | Dire     | ect Premiu        | ıme   |          | ls Paid Or<br>On Direct |                  |              | Direct Losses             |
|  |                     |                    | Direct P     | remiums       | 5,10     | Earned            |       |          | iness                   | Direct Losses    | Paid         | Incurred                  |
| 24. Group Policies (b)   |                     |                    | 2,100(1      | . 5           |          |                   |       | Dus      |                         | 2001 203363      |              |                           |
| 24.1 Federal Employees Health  | h Benefits P        | lan                |              |               |          |                   |       |          |                         |                  |              |                           |
| premium (b)  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 24.2 Credit (Group and Individual  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 24.3 Collectively renewable po   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 24.4 Medicare Title XVIII exem   | pt from state       | e taxes or fees    |              | 57,773,133    |          | 61,65             | 7,979 |          | 0                       | 50,7             | 09,363       | 46,348,665                |
| Other Individual Policies:   |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
|  |                     |                    |              |               |          |                   |       |          |                         |                  |              |                           |
| 25.1 Non-cancelable (b)  |                     |                    |              |               |          |                   |       | <u> </u> |                         |                  |              |                           |
| 25.2 Guaranteed renewable (b   |                     |                    |              |               | 1        |                   |       |          |                         | 1                | [            |                           |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li></ul>   | reasons on          | ly (b)             |              |               |          |                   |       |          |                         |                  | L            |                           |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li><li>25.4 Other accident only</li></ul>                            | reasons on          | ly (b)             |              |               |          |                   |       |          |                         |                  |              |                           |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li></ul>   | reasons on          | ly (b)             |              |               |          |                   |       |          |                         |                  |              |                           |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li><li>25.4 Other accident only</li><li>25.5 All other (b)</li></ul> | reasons on          | ly (b)             |              |               |          |                   |       |          | 0                       |                  | 0            | 0                         |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li><li>25.4 Other accident only</li></ul>                            | reasons on to 25.5) | ly (b)             |              |               |          |                   |       |          |                         |                  | 0            | 0                         |

insured under indemnity only products ......0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE Silver Script Insurance

| DIRECT DIRECT LAND SERVICE AND  | DIRECT BUSINESS IN THE S<br>NAIC Group Code 4667 | STATE OF Alaska             | L                  | .IFE INSUR <i>A</i>                               | ANCE         | <u>-</u> |              |               |         | YEAR 2017<br>Code 12575 |
|---|--|-----------------------------|--------------------|---|--------------|----------|--------------|---------------|---------|-------------------------|
| 1. Itel insulance 2. Another contribution of the contract of t  | DIRECT P   | PREMIUMS                    | 1                  |   | oup          | ;        | 3            | 4             |         | 5                       |
| 2. Annual considerations 10.4 Dispersion production to 1.5 Dispersion productions to 1.5 Dispersion production pro  | AND ANNUITY C                                    | ONSIDERATIONS               |                    | and Individua                                     | al)          | Gr       | oup          |               |         |                         |
| 3. Deposit-Spec contract tunes 4. Onter considerations 5. Park in cash or felt on disposal 6. Zepticited to grow errors grammars and soften 6. Applied to grow errors grammars and soften 6. Park in cash or felt on disposal 6. Zepticited to grow errors grammars and soften 6. A contract or felt on disposal 7. Applied to grave errors grammars and soften 6. Should be errors 7. Applied to grave depart grammars 7. Applied to grave depart grave gra  |  |                             |                    | T   |              |          |              | -             |         |                         |
| 5. Totals (Sum of Lines 1 to 4)  DIRECT DEATH BENEFITS AND MARIBED  OFTAILS OF WITHERS  No. OFTAILS OF WITHERS  OFTAILS OF WITHERS  No. OFTAILS OF WITHERS  No. OFTAILS OF WITHERS  No. OFTAILS OF WITHERS  OFTAILS OF  | <ol><li>Deposit-type contract fund</li></ol>     | s                           |                    |   |              |          |              | XXX           |         |                         |
| DIRECT DIVIDENDS TO POLICYHOLDERS  6.1 Pad in cast or left on deposit of 10.2 Applied to logy in serious previous or schorting the endowershire or or sch  |  |                             |                    |   |              |          |              |               |         |                         |
| Lite insurance: 5.1 Paid in cash or left on deposit 5.2 Applied to pay rereval premium or obstent the set of commentary premium or obstent the set of commentary premium paying period 6.4 Other. 5.5 Totals (gun of Line 6, 1 to 5.4) 7.1 Paid in cash or left on deposit 7.2 Applied to provide patid-up annuline 7.3 Other 7.1 Paid in cash or left on deposit 7.4 Totals gunn of Line 7, 1 to 7.9 9. Direct CLAIMS AND BENEFITS PAID 9. Direct CLAIMS AND BENEFITS PAID 9. Direct CLAIMS AND BENEFITS PAID 13. Agrangate write responsible to the control of t  | ,  | ,                           |                    |   |              |          |              |               |         |                         |
| 6.2 Applied to provise paid up additions or shorten 6.3 Applied to provise paid up additions or shorten 6.4 Cheer 6.5 Totals (sum of Line 6.1 to 6.4)  Annustee 7.1 Final of cash or left on deposit 7.2 Cheer 7.2 Cheer 7.4 Totals (sum of Line 6.1 to 6.4)  Annustee 7.4 Totals (sum of Line 6.1 to 6.4)  Annustee 7.5 Cheer 7.4 Totals (sum of Line 6.1 to 6.4)  Annustee 7.5 Cheer 7.4 Totals (sum of Line 6.1 to 6.4)  Annustee 7.5 Cheer 7.4 Totals (sum of Line 6.1 to 6.4)  Annustee 7.5 Cheer 8.5 Cheer  |  | TO FOLICITIOLDENS           |                    |   |              |          |              |               |         |                         |
| 6.3 Applied to provide paid up additions or sindering the content of the content   | 6.1 Paid in cash or left on                      | deposit                     |                    |   |              |          |              |               |         |                         |
| the endowment or premium-paying period of 4 (One)  84 One)  75 Totals (sum of Line 6 1 to 6 4)  72 Applied to provide peak up anuities  73 Other  74 Totals (sum of Line 5 1 to 6 4)  9. Death bornellin  15 Totals (sum of Line 5 1 to 6 4)  16 Matured anoximents  17 Another (sum of Line 7 to 6 2 5)  18 Agregate white-inst for macellareaus direct cidans  19 Agregate white-inst for macellareaus direct cidans  19 Agregate white-inst for macellareaus direct cidans  10 Agregate white-inst for macellareaus direct cidans  10 Agregate white-inst for macellareaus direct cidans  11 Another boundaries  12 Semender value and white-inst for macellareaus direct cidans  13 Agregate white-inst for macellareaus direct cidans  14 All other benefits, except accident and health  15 Totals  16 DETALS OF WHITE-INS  1901  1903  1905  19  |  |                             |                    |   |              |          |              |               |         |                         |
| 6.4 Corber 6.5 Totals (sum of Line 6.1 to 6.4)  |  |                             |                    |   |              |          |              |               |         |                         |
| Annulies: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid up amulties 7.3 Applied to provide paid up amulties 7.4 Totals (game of Lines 5.5 plus 7.4) 9. Death broefits 10. Matured andownests 11. Annuly benefits 11. Annuly benefits 12. Applied to entire time to miscellaneous direct claims 13. Applied to entire time to miscellaneous direct claims 14. All other broefits, accept accident and health 15. Totals  DETALS OF WRITE-INS  DETALS OF WRITE-INS  1930.   | 6.4 Other  | . ,                         |                    |   |              |          |              |               |         |                         |
| 7.7 Paid in cash or left on deposit 7.2 Applied by provide paid-by amounties 7.3 Other 7.4 Totals (aum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 2.5 plus 7.4) 9. Death benefits 10. Matured and borners 11. Annualy benefits 11. Annualy benefits 12. Surrender values and withdrawate for life contracts 13. Aggregate where for inscellationary discretizations 14. Annualy benefits 15. Totals 16. Unpaid Source and the contracts 16. Totals 17. Totals 18. Totals 18. Totals 18. Totals 18. Totals 18. Totals 18. Surrender values and withdrawate for life contracts 18. Totals 18. Surrender values and withdrawate for life contracts 18. Totals 18  |  | to 6.4)                     |                    |   |              |          |              |               |         |                         |
| 7.2 Applied to provide paid-up annualise 7.3 Orion 7.4 Orion 7.3 Orion 7.4 O  |  | deposit                     |                    |   |              |          |              |               |         |                         |
| 3. Grand Totals (Lines 5, plus 74)  DIRECT CLAMS AND BENEFITS PAID  DIRECT CLAMS AND BENEFITS PAID  10. Natural and downwards  11. Matural and downwards  12. Surrendor values and withdrawals for life contracts  13. Aggregate with in so for miscellareous class claims and benefits paid  14. All other benefits, except accident and health  13. Totals  13. Totals  DIRECT DEATH BENEFITS AND  AMAURED  BENDOWMENTS  No. Amount  Certifs. Amount  Certifs. Amount  Certifs. Amount  Certifs. Amount  Certifs. Amount  No. Amount  No. Amount  No. Amount  No. Amount  13. Totals grament pear  Settled during current year  Settled during current year  Settled during current year  Settled during current year  13. Totals gain  14. All other benefits and gain  15. Amount greet from the gain gain  16. Unperformed to gain gain  17. Total  Direct Losses  Direc  | 7.2 Applied to provide paid                      | d-up annuities              |                    |   |              |          |              |               |         |                         |
| 8. Grand Totales (Lines 6.5 plus 7.4)  DiRECT CLAINS AND BENEFITS PAID  3. Death benefits  11. Annuly benefits  12. Surrendar values and withdrawals for life contracts.  3. and benefits paid  13. Annuly benefits  15. Totals  DETALS OF WRITE-INS  DIRECT DEATH  BENEFITS AND  DIRECT DEATH  DIRECT DEATH  BENEFITS AND  DIRECT DEATH  DIRECT D  |  |                             |                    | <b></b>   |              |          |              |               |         |                         |
| DIRECT CLAMS AND BENEFITS PAID  10. Mathured endowments 11. Annuly benefits 12. Surrender values and withdrawais for life contracts 12. Surrender values and withdrawais for life contracts 13. Aggregate with early for individuals and the pain of t  | •  | *                           |                    |   |              |          |              |               |         |                         |
| 9. Death benefits 11. Annuly benefits 12. Surrendor values and withdrawals for life contracts and benefits paid. 13. Aggregate write in for miscellareous direct chains and benefits paid. 14. Totals 15. Totals 1902. 1908. Summary of Line 13 from overflow page. 1909. Totals (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1908. Summary of Line 13 from overflow page. 1909. Totals (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1908. Summary of Line 130 from overflow page. 1909. Totals (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1908. Summary of Line 130 from overflow page. 1909. Totals (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Lines 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Line 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Line 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Line 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Line 1301 thou 1303 plus 1398) (Line 13 shows) 1909. Solve (Line 1301 thou 1303 plus 1398) (Line 13 shows) 190  |  |                             |                    | <del>                                      </del> | $\forall$    |          |              |               |         |                         |
| 11. Annulty benefits  |  |                             |                    |   |              |          |              |               |         |                         |
| 12. Surrender values and withdrawels for life contracts.  13. Aggregate with eins for miscellaneous direct claims and benefits paid.  14. All other benefits, except accident and health.  15. Totals  DETAILS OF WRITE-INS  DETAILS OF WRITE-INS  DETAILS OF WRITE-INS  1303. 1309.  | 10. Matured endowments                           |                             |                    |   |              |          |              |               |         |                         |
| 13. Agrigaçãe write-ins for miscellaneous direct claims and beerfits paid  14. All other benefits, except accident and health  15. Totals  1902.  1909. Totals (Lines 1301 thru 1303 plus 1998) (Line 13 sloves)  1909. Totals (Lines 1301 thru 1303 plus 1998) (Line 13 sloves)  10  | •  |                             |                    |   |              |          |              |               |         |                         |
| and benefits paid  15. Totals  DETAIL SOF WRITE-INS  301.  DETAIL SOF WRITE-INS  1309.  Totals Lines 1301 thru 1303 plus 1388) (Line 13  DIRECT DEATH BENEFITS AND MATURED RENOWMENTS No. of Ind Policy Renowment of Ind Polic  |  |                             |                    | †   |              | L        |              | <del> </del>  |         |                         |
| 15. Totals  | and benefits paid                                |                             |                    |   |              |          |              | <b>_</b>      |         |                         |
| DEPAILS OF WRITE-INS  | •  | ccident and health          |                    |   |              |          |              |               |         |                         |
| 1301. 1302. 1303. 1309.   |  |                             |                    | 1   |              |          |              |               |         |                         |
| 1902. 1908. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED IN Cordinary   |  |                             |                    |   |              |          |              |               |         |                         |
| 1398. Summary of Line 13 from overflow page 1399. Totals Lines 1301 thru 1303 plus 1398) (Line 13 2   | 1302.  |                             |                    |   |              |          |              |               |         |                         |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)    DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS   1   | 1303.  |                             |                    | -   |              |          |              | +             |         |                         |
| DIRECT DEATH BENEFITS AND MATURED   1   |  |                             |                    | -   |              |          |              |               |         |                         |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount 1 2 3 3 4 5 6 7 8 9 9 10 No. of Individual) ENDOWMENTS INCURRED No. Amount 1.5 Incured during current year: 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (18-17-18-6)  POLICY EXHIBIT 20. In force December 31 of current year 21. Issued during year 22. Other changes to in force Newly 23. In force December 31 of current year 24. Group Policies (b) Direct Desmit Bland promium (b) Direct Premiums Direct Desmit from 1,107, 168 Direct Losses Paid Direct Losses Paid Direct Losses Paid Direct Losses Paid 1,011 1,017, 168 1,011 1,017, 168 1,011 1,017, 168 1,011 1,017, 168 1,011 1,011 1,017, 168 1,011 1,011 1,017, 168 1,011 1  | ,  | oo pido 1000) (Eino 10      |                    |   |              |          |              |               |         |                         |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS   1  |  |                             | Credit Life        |   |              |          |              |               |         |                         |
| BENEFITS AND MATURED ENDOWMENTS NO. Amount N  |  |                             | (Group and Indiv   |   | Group        |          |              |               |         |                         |
| Amount No.   | _  | 1 2                         | -                  | 5   |              | 6        | 7            | 8             | 9       | 10                      |
| INCURRED  No. Amount Certifs. Amount Certifs. Amount No. Amount No  | MATURED  |                             |                    |   |              |          |              |               |         |                         |
| 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromised claims 18.5 Annut rejected. 19. List Totals exited compromised claims 19. Standard rejected. 19. List Totals exited compromised claims 19. Totals exited compromised. 19. List Totals exited compromised claims 19. Totals exited compromised. 19. List Totals exited compromised. 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net). 23. In force December 31 of current year 24. Current year 25. Chief Credit Life Insurance prior year \$  Courrent year 26. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  COURT AND HEALTH INSURANCE  24. Group Policies (b). 24. Group and Individual). 24. Credit (Group and Individual). 24. Medicare this XVIII exempt from state taxes or fees on the region of the prior of the p  |  | No. Amount                  |                    |   | ۸.           | mat      | Na           | Amazint       | No      | Amount                  |
| year   Settled during current year   Settled during year   Settled paid   Settlements   Settleme  |  | No. Amount                  | Certifs. Amo       | unt Certifs.                                      | Al           | mount    | INO.         | Amount        | INO.    | Amount                  |
| Settled during current year:  18.1 By payment in full  18.2 By payment on compromised claims.  18.3 Totals paid.  18.4 Reduction by compromise.  18.5 Amount rejected.  18.6 Total settlements.  19. Unpaid Dec. 31, current year (16-17-18-6).  POLICY EXHIBIT  20. In force December 31, prior year  21. Issued during year.  22. Other changes to in force (Net)  (Net)  23. In force December 31 of current year  (a) Includes Individual Credit Life Insurance prior year \$ includes Group Credit Life Insurance prior year shouldes Group Credit Life Insurance Prior year shouldes Individual Credit Life Insurance Prior year s   | vear   |                             |                    |   |              |          |              |               |         |                         |
| 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (16+17-18.6)  Policies  ACCIDENT AND HEALTH INSURANCE  1   |  |                             |                    |   |              |          |              |               |         |                         |
| 18.2 By payment on compromised claims .  18.3 Totals paid .  18.4 Reduction by compromise .  18.5 Amount rejected .  18.6 Total settlements .  19. Unpaid Dec. 31, current year (16+17-18.6) .  POLICY EXHIBIT .  20. In force December 31, prior year .  21. Issued during year  |  |                             |                    |   |              |          |              |               |         |                         |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) (Net) 23. In force December 31 of current year sincludes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  ACCIDENT AND HEALTH INSURANCE  1 2 3 Dividends Paid Or Credited On Direct Business  ACCIDENT AND HEALTH INSURANCE  24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 1,448,175 1,430,096 0 1,107,168 1,011 Other Individual Policies: 25. Non-cancelable (b)  | 18.2 By payment on                               |                             |                    |   |              |          |              |               |         |                         |
| 18.4 Reduction by compromise (a) Folicies (b) (a) Current year (16+17-18.6)  POLICY EXHIBIT (a) In force December 31, prior year (a) (a) (a) (a) (a) (b) Current year (16+17-18.6)  POLICY EXHIBIT (a) In force December 31, prior year (a) (a) (a) (a) (a) (a) (b) Current year (c) C  |  |                             |                    |   |              |          |              |               |         |                         |
| compromise.  18.5 Amount rejected  18.6 Total settlements.  19. Unpaid Dec. 31, current year (18417-18.6)  POLICY EXHIBIT  20. In force December 31, prior year.  21. Issued during year.  22. Other changes to in force (Net)  23. In force December 31 of current year (a)  24. Carefit (Force) and individual Credit Life Insurance prior year \$  Courrent year (a)  Courrent year \$  Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$  Courrent year \$                 | · · · · · · · · · · · · · · · · · · ·            |                             |                    |   |              |          |              |               |         |                         |
| 18.6 Total settlements.  19. Urpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT  20. In force December 31, prior year (a)  21. Issued during year (a)  22. Other changes to in force (Net)  (Net)  (a)  (a)  (b)  Includes Individual Credit Life Insurance prior year \$  Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$  Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  COLDENT AND HEALTH INSURANCE  1 2 3 Current year \$  ACCIDENT AND HEALTH INSURANCE  24. Group Policies (b)  24.1 Federal Employees Health Benefits Plan premium (b)  24.2 Credit (Group and Individual)  24.3 Collectively renewable policies (b)  24.4 Medicare Title XVIII exempt from state taxes or fees  Other Individual Policies  25.1 Non-cancelable (b)  26.1 1,430,096  0 1,107,168  1,011  |  |                             |                    |   |              |          |              |               |         |                         |
| 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year \$ 1 current year (a) product it life Insurance prior year \$ 1 current year \$ 2 current year \$ 3 current year \$ 4 courset than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 4 current year \$ 4 current year \$ 5 current year \$ 6 current year \$ 7 curre |  |                             |                    |   |              |          |              |               |         |                         |
| POLICY EXHIBIT  20. In force December 31, prior year  21. Issued during year  22. Other changes to in force (Net)  (Net)  23. In force December 31 of current year  (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  ACCIDENT AND HEALTH INSURANCE  1 2 Direct Premiums  24. Group Policies (b)  24.1 Federal Employees Health Benefits Plan premium (b)  24.2 Credit (Group and Individual)  24.3 Collectively renewable policies (b)  24.4 Medicare Title XVIII exempt from state taxes or fees  Other Individual Policies:  25.1 Non-cancelable (b)  26.2 Thomas And Andrea (a)  27. Alternative Andrea (a)  28. Alternative Andrea (a)  29. Alternative Andrea (a)  20. Alternative Andrea (a)  20. Alternative Andrea (a)  21. Alternative Andrea (a)  22. Alternative Andrea (a)  23. Alternative Andrea (a)  24. Group Policies (b)  25. Non-cancelable (b)  26. Alternative Andrea (a)  27. Alternative Andrea (a)  28. Alternative Andrea (a)  29. Alternative Andrea (a)  20. Alternative Andrea (a)  20. Alternative Andrea (a)  21. Alternative Andrea (a)  22. Alternative Andrea (a)  23. Alternative Andrea (a)  24. Alternative Andrea (a)  25. Alternative Andrea (a)  26. Alternative Andrea (a)  27. Alternative Andrea (a)  28. Alternative Andrea (a)  29. Alternative Andrea (a)  20. Alternative Andrea (a)  20. Alternative Andrea (a)  20. Alternative Andrea (a)  21. Alternative Andrea (a)  22. Alternative Andrea (a)  23. Alternative Andrea (a)  24. Alternative Andrea (a)  24. Alternative Andrea (a)  25. Alternative Andrea (a)  26. Alternative Andrea (a)  27. Alternative Andrea (a)  28. Alternative Andrea (a)  29. Alternative Andrea (a)  20. Alternative Andrea (a)  20. Alternative Andrea (a)  20. Alternative Andrea (a)  21. Alternative Andrea (a)  22. Alternative Andrea (a)  23. Alter  |  |                             |                    |   | ~ ·          |          |              |               |         |                         |
| 20. In force December 31, prior year  |  |                             |                    |   | _ال          |          |              |               | 1       |                         |
| 20. In force December 31, prior year  | POI ICY FYHIRIT                                  |                             |                    | . of  |              |          |              |               |         |                         |
| 21. Issued during year  |  |                             |                    | 1 Olicies   |              |          |              |               |         |                         |
| 22. Other changes to in force (Net) 23. In force December 31 of current year  (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  ACCIDENT AND HEALTH INSURANCE  1 2 3 4 5 Dividends Paid Or Credited On Direct Business  Direct Premiums  24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b)  26. The force of  | year   |                             | , ,                |   |              |          | <del> </del> |               | -       |                         |
| (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  ACCIDENT AND HEALTH INSURANCE  1 2 3 4 5 Dividends Paid Or Credited On Direct Business Direct Premiums Earned  24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b)  |  |                             |                    |   |              |          | <del> </del> |               |         |                         |
| current year  (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ACCIDENT AND HEALTH INSURANCE   1 2 3 1 4 5 Direct Premiums Earned  24. Group Policies (b) Direct Losses Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) Policies (b) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:  25.1 Non-cancelable (b) 1. Our Policies (b) 1. Our Policies (control of the Individual Policies: 25.1 Non-cancelable (b) 1. Our Policies (control of the Individual Policies: 25.1 Non-cancelable (b) 1. Our Policies (control of the Individual Policies: 25.1 Non-cancelable (b) 1. Our Policies (control of the Individual Policies: 25.1 Non-cancelable (b) 2. Our Policies (control of the Individual Policies: 25.1 Non-cancelable (b) 2. Our Policies (control of the Individual Policies: 25.1 Non-cancelable (b) 2. Our Policies (control of the Individual Policies: 25.1 Non-cancelable (control of the Individual Policies (control of the Individual Policies) 2. Our Policies (control of the Individual Policies (control of the Individual Policies) 2. Our Policies (control of the Individual Policies) 2. Our Policies (control of the Individual Policies (control of the Individual Policies) 2. Our Polic   | (Net)  |                             |                    |   |              |          | ļ            |               |         |                         |
| (a) Includes Individual Credit Life Insurance prior year \$   |  |                             | (3)                |   |              |          |              |               |         |                         |
| Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$  |  | nsurance prior year \$ .    |                    | current year \$                                   |              |          |              |               | 1       | I                       |
| ACCIDENT AND HEALTH INSURANCE  1 2 3 4 5 Dividends Paid Or Credited On Direct Losses Paid Incurred  24. Group Policies (b)  |  |                             |                    |   |              |          | , cu         | rrent year \$ |         |                         |
| 1 2 3 4 5 Dividends Paid Or Credited On Direct Losses Paid Incurred  24. Group Policies (b)   | Loans greater than 60 months                     | at issue BUT NOT GREAT      | TER THAN 120 MONTH | IS, prior year \$                                 |              |          | , cu         | rrent year \$ |         |                         |
| 24. Group Policies (b)  |  |                             | ACCIDENT AND       | HEALTH IN   | <b>IS</b> UF | RANCE    |              |               |         |                         |
| 24. Group Policies (b)  |  |                             | 1                  | 2   |              |          |              | 4             |         | 5                       |
| 24. Group Policies (b)  |  |                             |                    | Direct Premiu                                     | ıms          |          |              |               |         | Direct Losses           |
| 24.1 Federal Employees Health Benefits Plan premium (b)  24.2 Credit (Group and Individual)   |  |                             | Direct Premiums    |   | 0            |          |              | Direct Losses | s Paid  |                         |
| premium (b)   |  |                             |                    | ļ   |              |          |              |               | T       |                         |
| 24.2 Credit (Group and Individual)  |  |                             |                    |   |              |          |              |               |         |                         |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 1,430,096 0 1,107,168 1,011  |  |                             |                    |   |              |          |              |               |         |                         |
| Other Individual Policies: 25.1 Non-cancelable (b)  |  |                             |                    |   |              |          |              |               |         |                         |
| 25.1 Non-cancelable (b)   | •  | or from state taxes or fees | 1,448,175          | 1,43  | U,096        | l        | 0            | ļ1,1          | u/, 168 | 1,011,144               |
|   |  |                             |                    |   |              |          |              |               |         |                         |
|   |  |                             |                    |   |              |          |              |               |         |                         |
| 25.3 Non-renewable for stated reasons only (b)  | 25.3 Non-renewable for stated in                 | reasons only (b)            |                    |   |              |          |              |               |         |                         |
| 25.4 Other accident only  | 25.4 Other accident only                         |                             |                    |   |              |          |              |               |         |                         |
| 25.5 All other (b)  | 25.5 All Other (D)                               | to 25.5)                    |                    | -   |              |          |              |               | }       |                         |
|   |  |                             |                    |   |              |          |              |               |         | 1,011,144               |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons  |  |                             |                    |   |              |          |              |               |         |                         |

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insured under indemnity only products



| 9   | I IPPI F   | MENT FOR                   | THE V  | FAR 2017                       |                              | Silve              | 5 7 5                            |                        | e Company     |                      |                           |
|---|--|----------------------------|--|--------------------------------|------------------------------|--------------------|----------------------------------|------------------------|---------------|----------------------|---------------------------|
| DIRECT BUSINESS IN THE S  |  |                            |  | LIF                            | E INSUR                      |                    | •                                |                        | DURII<br>NAIC | NG THE               | YEAR 2017<br>y Code 12575 |
| =   | REMIUMS  |                            |  | 1                              | 2<br>Credit Life (G          |                    | 3                                |                        | 4             |                      | 5                         |
| AND ANNUITY C  1. Life insurance  |  |                            | Ord  | linary                         | and Individu                 | al)                | Gro                              | oup                    | Industria     | .1                   | Total                     |
| Annuity considerations     Deposit-type contract funds  |  |                            |  |                                | XXX                          |                    |                                  |                        | XXX           |                      |                           |
| Other considerations  |  |                            |  |                                |                              |                    |                                  |                        |               |                      |                           |
| 5. Totals (Sum of Lines 1 to 4  | ,  | YHOLDERS                   |  |                                |                              |                    |                                  |                        |               |                      |                           |
| Life insurance: 6.1 Paid in cash or left on 6.2 Applied to pay renewal 6.3 Applied to provide paid the endowment or prei 6.4 Other 6.5 Totals (sum of Line 6.1 Annuities: 7.1 Paid in cash or left on 6.2 Applied to provide paid 7.3 Other 7.4 Totals (sum of Lines 7.8 Grand Totals (Lines 6.5 plu DIRECT CLAIMS A) 9. Death benefits 10. Matured endowments 11. Annuity benefits | premiums I-up additio mium-payir to 6.4) deposit I-up annuiti 1 to 7.3) us 7.4) ND BENER | ns or shorten ng period es |  |                                |                              |                    |                                  |                        |               |                      |                           |
| Surrender values and with     Aggregate write-ins for mis     and benefits paid   | cellaneous   | direct claims              |  |                                |                              |                    |                                  |                        |               |                      |                           |
| 15. Totals  DETAILS OF WRITE-INS 1301. 1302. 1303.  |  |                            |  |                                |                              |                    |                                  |                        |               |                      |                           |
| 1398. Summary of Line 13 from of 1399. Totals (Lines 1301 thru 130 above)   |  | _                          |  |                                |                              |                    |                                  |                        |               |                      |                           |
|   | (  | Ordinary                   |  | Credit Life<br>p and Individua | al)                          | Group              | )                                | In                     | dustrial      |                      | Total                     |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED   | 1<br>No.   | 2<br>Amount                | 3<br>No. of<br>Ind.Pols<br>& Gr.<br>Certifs. | 4                              | 5<br>No. of                  |                    | 6<br>mount                       | 7 No.                  | 8<br>Amount   | 9<br>No.             | 10 Amount                 |
| 16. Unpaid December 31, prior   | INO.   | Amount                     | Gertiis.                                     | Amount                         | Gertiis.                     | Al                 | mount                            | INO.                   | Amount        | INO.                 | Amount                    |
| year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  |  |                            |  |                                |                              |                    |                                  |                        |               |                      |                           |
| POLICY EXHIBIT  20. In force December 31, prior year  |  |                            |  | (a)                            | Policies                     |                    |                                  |                        |               |                      |                           |
| (a) Includes Individual Credit Life In<br>Includes Group Credit Life Insu<br>Loans greater than 60 months   | rance Loar   | ns less than or eq         | ual to 60 n                                  | nonths at issue                | e, prior year \$             |                    |                                  | , cur                  |               |                      |                           |
| Louis grouter than ou months  | 1000E DC   |                            |  |                                | HEALTH II                    |                    |                                  | , Gui                  | . ο π. γοαι ψ |                      |                           |
| 24. Group Policies (b)  |  |                            |  | 1<br>Premiums                  | 2<br>Direct Premii<br>Earned |                    | Dividends<br>Credited (<br>Busin | s Paid Or<br>On Direct | Direct Losses | s Paid               | 5 Direct Losses Incurred  |
| 24.1 Federal Employees Health premium (b)   | al)  |                            |  |                                |                              |                    |                                  |                        |               |                      |                           |
| 24.4 Medicare Title XVIII exemp<br>Other Individual Policies:<br>25.1 Non-cancelable (b)  | ot from stat   | e taxes or fees            |  | 38,856,072                     | 39,08                        |                    |                                  | 0                      | 29,0          | 92,952               | 26,588,453                |
| 25.6 Totals (sum of Lines 25.1 t  | o 25.5)  |                            |  | 0                              |                              |                    |                                  |                        |               |                      | 0                         |
| 26. Totals (Lines 24 + 24.1 + 2<br>(b) For health business on indic   |  |                            |  | 38,856,072<br>insured under    |                              | 36,307<br>d care p | roducts .                        | 0                      |               | 92,952<br>I number o | 26,588,453<br>of persons  |

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

| DIRECT BUSINESS IN THE NAIC Group Code 4667                                  | STATE C       | F Arkansas       |                      | LI                           | FE I  | NSUR                       | ANCE        | =                    |            |                                |                 | YEAR 2017<br>Code 12575   |
|--|---------------|------------------|----------------------|------------------------------|-------|----------------------------|-------------|----------------------|------------|--------------------------------|-----------------|---------------------------|
|  | PREMIUMS      | ,                |                      | 1                            |       | 2                          |             |                      | 3          | 4                              | Company         | 5                         |
| AND ANNUITY  |               |                  | Ordi                 | inary                        |       | dit Life (G<br>nd Individu |             | Gr                   | roup       | Industria                      | ı               | Total                     |
| Life insurance   |               |                  |                      |                              |       |                            |             |                      |            | -                              |                 |                           |
| Annuity considerations     Deposit-type contract fund                        |               |                  |                      |                              |       | XXX                        |             |                      |            | XXX                            |                 |                           |
| Other considerations   |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 5. Totals (Sum of Lines 1 to   | 4)            |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| DIRECT DIVIDENDS Life insurance:   | TO POLIC      | YHOLDERS         |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 6.1 Paid in cash or left on  | deposit       |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 6.2 Applied to pay renewa  | al premiums   | ;                |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 6.3 Applied to provide pai<br>the endowment or pro                           |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 6.4 Other  | emium-payii   | rig period       |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 6.5 Totals (sum of Line 6.   |               |                  |                      |                              |       |                            |             |                      |            | -                              |                 |                           |
| Annuities: 7.1 Paid in cash or left on                                       | donosit       |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 7.1 Applied to provide pai   | •             |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 7.3 Other  |               |                  | <b>\</b>             |                              |       |                            |             |                      |            |                                |                 |                           |
| 7.4 Totals (sum of Lines 7<br>8. Grand Totals (Lines 6.5 p                   | ,             |                  | <b>\</b>             |                              |       |                            |             |                      | ·····      |                                |                 |                           |
| 8. Grand Totals (Lines 6.5 p   |               | FITS PAID        | <del>- 1 - 1</del> - |                              | ┲     | -11-7                      | +           |                      |            |                                |                 |                           |
| 9. Death benefits  |               |                  |                      |                              |       | <u> </u>                   |             |                      |            |                                |                 |                           |
| 10. Matured endowments   |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| <ul><li>11. Annuity benefits</li><li>12. Surrender values and with</li></ul> |               |                  |                      |                              |       |                            |             |                      |            | -                              |                 |                           |
| 13. Aggregate write-ins for m  |               |                  | <b></b>              |                              |       |                            |             | <b></b>              |            | †                              |                 |                           |
| and benefits paid  |               |                  |                      |                              |       |                            |             |                      |            | <del> </del>                   |                 |                           |
| <ul><li>14. All other benefits, except</li><li>15. Totals</li></ul>          | accident an   | u neaith         |                      |                              |       |                            |             |                      |            | <u> </u>                       |                 |                           |
| DETAILS OF WRITE-INS   | 6             |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 1301.  |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 1302.  |               |                  |                      |                              |       |                            |             |                      |            | -                              |                 |                           |
| 1303<br>1398. Summary of Line 13 from  | overflow pa   |                  |                      |                              |       |                            |             |                      |            | +                              |                 |                           |
| 1399. Totals (Lines 1301 thru 13   |               | •                |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| above)   |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
|  |               | Ordinani         |                      | Credit Life<br>o and Individ | lual) |                            | Groun       | •                    |            | dustrial                       |                 | Total                     |
| DIRECT DEATH   | 1             | Ordinary<br>2    | 3                    | 4                            | uai)  | 5                          | Group       | 6                    | 7          | ndustrial<br>8                 | 9               | Total<br>10               |
| BENEFITS AND<br>MATURED  |               |                  | No. of               |                              |       |                            |             |                      |            |                                |                 |                           |
| ENDOWMENTS   |               |                  | Ind.Pols.<br>& Gr.   |                              |       | No. of                     |             |                      |            |                                |                 |                           |
| INCURRED  16. Unpaid December 31, prior                                      | No.           | Amount           | Certifs.             | Amour                        | nt    | Certifs.                   | Α           | mount                | No.        | Amount                         | No.             | Amount                    |
| year   |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 17. Incurred during current year   |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| Settled during current year: 18.1 By payment in full                         |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 18.2 By payment on   |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| compromised claims   |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 18.4 Reduction by  | -             |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| compromise   |               |                  | \                    |                              |       | -                          |             |                      |            |                                |                 |                           |
| 18.5 Amount rejected<br>18.6 Total settlements                               |               |                  | <b>\</b>             |                              |       |                            |             |                      |            |                                |                 |                           |
| 19. Unpaid Dec. 31, current  |               |                  |                      |                              |       |                            | 7 -         |                      |            |                                |                 |                           |
| year (16+17-18.6)  |               |                  | <b>- 13</b>          |                              |       | 25                         |             |                      |            |                                |                 |                           |
| POLICY EXHIBIT   |               |                  |                      |                              |       | Policies                   |             |                      |            |                                |                 |                           |
| 20. In force December 31, prior  |               |                  |                      | ( )                          |       |                            |             |                      |            |                                |                 |                           |
| year21. Issued during year   |               |                  |                      | (a)                          |       | <u> </u>                   | <u> </u>    |                      | <u> </u>   |                                | İ               |                           |
| 22. Other changes to in force  |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| (Net)23. In force December 31 of   |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| current year   |               |                  |                      | (a)                          |       |                            |             |                      |            |                                |                 |                           |
| (a) Includes Individual Credit Life  |               |                  |                      | , c                          |       |                            |             |                      |            |                                |                 |                           |
| Includes Group Credit Life Ins<br>Loans greater than 60 months               |               |                  |                      |                              |       |                            |             |                      |            | rrent year \$<br>rrent year \$ |                 |                           |
| zoano groator triair oo monare   | , at 10000 D  |                  |                      |                              | •     | •                          |             |                      | , 00       |                                |                 |                           |
|  |               | Α                |                      | NT AND                       | ne/   | ALTH II                    | <b>NSUF</b> |                      | 3          | 4                              | 1               | 5                         |
|  |               |                  |                      | 1                            |       | 2                          |             |                      | ds Paid Or | 4                              |                 | 5                         |
|  |               |                  | Direct P             | remiums                      | Dir   | ect Premit<br>Earned       | ums         |                      | On Direct  | Direct Losses                  | Paid            | Direct Losses<br>Incurred |
| 24. Group Policies (b)   |               |                  | Directif             | Terriums                     |       | Lameu                      |             | Dus                  | 111622     | Direct Losses                  | raiu            | incurred                  |
| 24.1 Federal Employees Healt   | h Benefits F  | Plan             |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| premium (b)<br>24.2 Credit (Group and Individ                                |               |                  | 1                    |                              |       |                            |             | ļ                    |            |                                |                 |                           |
| 24.3 Collectively renewable po   | olicies (b)   |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 24.4 Medicare Title XVIII exem   | npt from stat |                  |                      | 51,055,718                   | ļ     | 54,75                      | 51,370      |                      | 0          | 50,2                           | 38, 156         | 45,914,832                |
| Other Individual Policies: 25.1 Non-cancelable (b)                           |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 25.1 Non-cancelable (b)  |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 25.3 Non-renewable for stated  | ,             |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 25.4 Other accident only   |               |                  |                      |                              |       |                            |             |                      |            |                                |                 |                           |
| 25.5 All other (b)25.6 Totals (sum of Lines 25.1                             | to 25.5\      |                  |                      |                              |       |                            |             | l                    |            |                                |                 | Λ                         |
| 26. Totals (Lines 24 + 24.1 +  | 24.2 + 24.3   | 3 + 24.4 + 25.6) |                      | 0<br>51,055,718              |       | 54.75                      | 0<br>51,370 | <b></b>              | 0<br>0     |                                | 0  <br>38 , 156 |                           |
| (b) For health business on ind   |               |                  |                      | , ,                          |       |                            |             | roducts              |            |                                |                 |                           |
| incured under indemnity of   |               |                  |                      |                              |       |                            | 1           | · · · · <del>-</del> |            |                                |                 |                           |

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Silver Script Insurance

| DIRECT BUSINESS IN THE SNAIC Group Code 4667   | STATE OF California                          | L                         | IFE INSURAI            | NCE        |                 |               |           | YEAR 2017<br>Code 12575 |
|--|--|---------------------------|------------------------|------------|-----------------|---------------|-----------|-------------------------|
| DIRECT P   | PREMIUMS                                     | 1                         | 2<br>Credit Life (Grou | up         | 3               | 4             |           | 5                       |
| AND ANNUITY C  | ONSIDERATIONS                                | Ordinary                  | and Individual         | )          | Group           | Industria     |           | Total                   |
| Life insurance     Annuity considerations  |  |                           |                        |            |                 |               |           |                         |
| <ol><li>Deposit-type contract fund</li></ol>   | s  |                           |                        |            |                 | xxx           |           |                         |
| 4. Other considerations  |  | -                         | ļ                      |            |                 | ļ             |           |                         |
| 5. Totals (Sum of Lines 1 to 4   | TO POLICYHOLDERS                             |                           |                        |            |                 |               |           |                         |
| Life insurance:  | TO FOLIO MOLDEMS                             |                           |                        |            |                 |               |           |                         |
| 6.1 Paid in cash or left on  | deposit                                      |                           |                        |            |                 |               |           |                         |
| 6.2 Applied to pay renewal   |  | ·                         |                        |            |                 |               |           |                         |
| 6.3 Applied to provide paid<br>the endowment or pre  | d-up additions or snorten mium-paying period |                           |                        |            |                 |               |           |                         |
| 6.4 Other  |  |                           |                        |            |                 |               |           |                         |
| 6.5 Totals (sum of Line 6.1  | I to 6.4)                                    | -                         |                        |            |                 |               |           |                         |
| Annuities:<br>7.1 Paid in cash or left on a  | deposit                                      |                           |                        |            |                 |               |           |                         |
| 7.2 Applied to provide paid  | d-up annuities                               |                           |                        |            |                 |               |           |                         |
| 7.3 Other  |  |                           | <b></b>                |            |                 |               |           |                         |
| 7.4 Totals (sum of Lines 7.8. Grand Totals (Lines 6.5 pl                                   | ,  |                           |                        |            |                 | <del> </del>  |           |                         |
|  | ND BENEFITS PAID                             |                           |                        |            |                 |               |           |                         |
| 9. Death benefits  |  |                           |                        |            |                 |               |           |                         |
| 10. Matured endowments   |  |                           |                        |            |                 |               |           |                         |
| <ol> <li>Annuity benefits</li> <li>Surrender values and with</li> </ol>                    |  |                           |                        |            |                 | 1             |           |                         |
| <ol> <li>Surrender values and with</li> <li>Aggregate write-ins for mis</li> </ol>         |  |                           | <b>†</b>               |            |                 | <b>†</b>      |           |                         |
| and benefits paid  |  |                           | <b>}</b>               |            |                 | <del> </del>  |           |                         |
| <ol> <li>All other benefits, except a</li> <li>Totals</li> </ol>                           | accident and health                          | -                         | <del> </del>           |            |                 | <b></b>       |           |                         |
| DETAILS OF WRITE-INS   |  |                           |                        | +          |                 |               |           |                         |
| 1301.  |  |                           |                        |            |                 |               |           |                         |
| 1302.  |  |                           | ļ                      |            |                 | ļ             |           |                         |
| 1303<br>1398. Summary of Line 13 from 0  | overflow page                                |                           | <del> </del>           |            |                 | <del> </del>  |           |                         |
| 1399. Totals (Lines 1301 thru 13   |  |                           |                        |            |                 |               |           |                         |
| above)   |  |                           |                        |            |                 |               |           |                         |
|  |  | Credit Life               |                        | _          |                 |               |           |                         |
| DIRECT DEATH   | Ordinary 2                                   | (Group and Individual 3 4 | dual) (                | Group<br>6 | In              | dustrial<br>8 | 9         | Total<br>10             |
| BENEFITS AND   |  | No. of                    |                        | U          | '               | O             | 3         | 10                      |
| MATURED<br>ENDOWMENTS  |  | Ind.Pols.                 | N = -4                 |            |                 |               |           |                         |
| INCURRED   | No. Amount                                   | & Gr.<br>Certifs. Amou    | No. of Certifs.        | Amount     | No.             | Amount        | No.       | Amount                  |
| 16. Unpaid December 31, prior  |  |                           |                        |            |                 |               |           |                         |
| year<br>17. Incurred during current year   |  |                           |                        |            |                 |               |           |                         |
| Settled during current year:   |  |                           |                        |            |                 |               |           |                         |
| 18.1 By payment in full  |  |                           |                        |            |                 |               |           |                         |
| 18.2 By payment on compromised claims  |  |                           |                        |            |                 |               |           |                         |
| 18.3 Totals paid   |  |                           |                        |            |                 |               |           |                         |
| 18.4 Reduction by  | _  |                           | _  _  ,                |            |                 |               |           |                         |
| compromise<br>18.5 Amount rejected   |  |                           |                        |            |                 |               |           |                         |
| 18.6 Total settlements   |  |                           |                        |            |                 |               |           |                         |
| 19. Unpaid Dec. 31, current  |  |                           |                        |            |                 |               |           |                         |
| year (16+17-18.6)  |  |                           | . of                   |            |                 |               |           |                         |
| POLICY EXHIBIT   |  |                           | Policies               |            |                 |               |           |                         |
| 20. In force December 31, prior  |  | (a)                       |                        |            |                 |               |           |                         |
| year21. Issued during year   |  | , ,                       |                        |            |                 |               | 1         |                         |
| 22. Other changes to in force  |  |                           |                        |            |                 |               |           |                         |
| (Net)23. In force December 31 of   | <b></b>                                      |                           |                        |            |                 |               | †         |                         |
| current year   |  | (a)                       |                        |            |                 |               |           |                         |
| (a) Includes Individual Credit Life In   |  | ,                         |                        |            |                 |               |           |                         |
| Includes Group Credit Life Insu<br>Loans greater than 60 months                            |  | •                         |                        |            | , cui           | •             |           |                         |
| Louis grouter than or mentile  | a  |                           |                        |            |                 | γοα. φ        |           |                         |
|  |  | ACCIDENT AND              | HEALIH INS             | OUKAN      | <u>CE</u><br>3  | 4             | ı         | 5                       |
|  |  | '                         | 2                      | Div        | idends Paid Or  | 4             |           | 5                       |
|  |  | Diverse Burneriums        | Direct Premium         | ns Cre     | dited On Direct | Diment Lancas | D-1-I     | Direct Losses           |
| 24. Group Policies (b)   |  | Direct Premiums           | Earned                 |            | Business        | Direct Losses | raio      | Incurred                |
| 24.1 Federal Employees Health  | Benefits Plan                                |                           |                        |            |                 |               | ·····     |                         |
| premium (b)  |  |                           |                        |            |                 |               | ·····     |                         |
| <ul><li>24.2 Credit (Group and Individu</li><li>24.3 Collectively renewable poli</li></ul> | *  |                           |                        |            |                 |               | ····      |                         |
| 24.4 Medicare Title XVIII exemp  |  |                           |                        |            | 0               | 371,7         |           | 339,841,248             |
| Other Individual Policies:   |  | , , ,                     |                        |            |                 |               | ,         | ,-··, <b>-</b> ··       |
| 25.1 Non-cancelable (b)  |  |                           |                        |            |                 |               |           |                         |
| <ul><li>25.2 Guaranteed renewable (b)</li><li>25.3 Non-renewable for stated in</li></ul>   |  |                           |                        |            |                 |               | ·····     |                         |
| 25.4 Other accident only   | •      |                           |                        | <u> </u>   |                 |               |           |                         |
| 25.5 All other (b)   |  |                           |                        |            |                 |               |           |                         |
| 25.6 Totals (sum of Lines 25.1   | to 25.5)                                     | 0                         |                        |            | 0               | 074 7         |           | 0                       |
| 26. Totals (Lines 24 + 24.1 + 2  |  |                           |                        |            | 0               |               | 83,418    | 339,841,248             |
| (b) For health business on indic   | cated lines report: Numbe                    | er of persons insured und | er PPO managed c       | are produc | IS              | U and         | number of | persons                 |

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insured under indemnity only products



| DIRECT BUSINESS IN THE<br>NAIC Group Code 4667                                     | STATE O       | F Colorado   | LIFE INSURANCE     |               |                   |               |                |                 | DURING THE YEAR 2017  NAIC Company Code 12575  4 5 |          |               |  |
|--|---------------|--|--------------------|---------------|-------------------|---------------|----------------|-----------------|--|----------|---------------|--|
|  | PREMIUMS      |  |                    |               | Credit Life (     |               |                |                 | 1  |          | -             |  |
| AND ANNUITY  1. Life insurance   |               |  | Ordi               |               | and Indivi        | •             |                | roup            | Industria  |          | Total         |  |
| 2. Annuity considerations  |               |  |                    |               |                   |               | İ              |                 |  |          |               |  |
| Deposit-type contract fun     Other considerations                                 |               | r i  |                    |               | XXX               |               |                |                 | XXX  |          |               |  |
| Other considerations     Totals (Sum of Lines 1 to                                 |               |  |                    |               |                   |               | <b>†</b>       |                 | †  |          |               |  |
| DIRECT DIVIDENDS   |               | YHOLDERS   |                    |               |                   |               |                |                 |  |          |               |  |
| Life insurance:  | n denocit     |  | ı                  |               |                   |               |                |                 |  |          |               |  |
| <ul><li>6.1 Paid in cash or left or</li><li>6.2 Applied to pay renew.</li></ul>    | al premiums   | ;  | <b></b>            |               |                   |               |                |                 |  |          |               |  |
| 6.3 Applied to provide pa  | id-up additio | ons or shorten   |                    |               |                   |               |                |                 |  |          |               |  |
| the endowment or pr<br>6.4 Other   | emium-payir   | ıg period  |                    |               |                   |               |                |                 |  |          |               |  |
| 6.5 Totals (sum of Line 6  | .1 to 6.4)    |  |                    |               |                   |               | I              |                 |  | T        |               |  |
| Annuities:<br>7.1 Paid in cash or left or  | n deposit     |  | ı                  |               |                   |               |                |                 |  |          |               |  |
| 7.2 Applied to provide pa  | id-up annuiti | ies  |                    |               |                   |               | İ. <u></u>     |                 |  |          |               |  |
| 7.3 Other  |               |  | <b></b>            |               |                   | <b>]</b>      |                |                 |  |          |               |  |
| 7.4 Totals (sum of Lines 8. Grand Totals (Lines 6.5 p                              |               |  | <b>A</b>           |               | 7                 | <b>X</b>      |                |                 |  |          |               |  |
| DIRECT CLAIMS  |               | FITS PAID  | T                  |               |                   | <b>4</b>      |                |                 |  |          |               |  |
| 9. Death benefits  |               |  |                    |               | <i>g</i>          |               | <b></b>        |                 | 4  |          |               |  |
| Matured endowments     Annuity benefits  |               | The state of the s |                    |               |                   |               |                |                 |  |          |               |  |
| 12. Surrender values and wit   | hdrawals for  | life contracts   | ·                  |               |                   |               | <b>‡</b>       |                 |  |          |               |  |
| Aggregate write-ins for m     and benefits paid                                    |               |  |                    |               |                   |               |                |                 |  |          |               |  |
| 14. All other benefits, except   |               |  |                    |               |                   |               | İ              |                 |  |          |               |  |
| 15. Totals   |               |  |                    |               |                   |               |                |                 |  |          |               |  |
| DETAILS OF WRITE-INS   | _             |  | ı                  |               |                   |               |                |                 |  |          |               |  |
| 1302.  |               |  |                    |               |                   |               | İ              |                 |  |          |               |  |
| 1303   |               |  |                    |               |                   |               | <u> </u>       |                 |  |          |               |  |
| 1398. Summary of Line 13 from<br>1399. Totals (Lines 1301 thru 1                   |               | •  |                    |               |                   |               |                |                 | -  |          |               |  |
| above)   | p.do 100      | , \  |                    |               |                   |               | <u> </u>       |                 |  |          |               |  |
|  |               |  |                    | Credit Life   |                   |               |                |                 |  |          |               |  |
| DIRECT DEATH   | 1             | Ordinary<br>2  | (Group             | and Individ   | ual) 5            | Grou          | р<br>6         | 7 Ir            | ndustrial<br>8                                     | 9        | Total<br>10   |  |
| BENEFITS AND   | '             | _  | No. of             | <del></del>   |                   |               | J              | ( )             | 3  | 9        | 10            |  |
| MATURED<br>ENDOWMENTS  |               |  | Ind.Pols.<br>& Gr. | Ì             | No. o             | f             |                |                 |  |          |               |  |
| INCURRED   | No.           | Amount   | Certifs.           | Amoun         |                   |               | Amount         | No.             | Amount   | No.      | Amount        |  |
| 16. Unpaid December 31, prior year   |               |  |                    | L             |                   |               |                |                 |  |          |               |  |
| 17. Incurred during current year   | ·             |  |                    |               |                   |               |                |                 |  |          |               |  |
| Settled during current year:<br>18.1 By payment in full                            |               |  |                    | Ì             |                   |               |                |                 |  |          |               |  |
| 18.2 By payment on   |               |  |                    | <br>          |                   |               |                | +               |  | <b>†</b> |               |  |
| compromised claims<br>18.3 Totals paid   |               |  |                    |               |                   |               |                | +               |  | <b>-</b> |               |  |
| 18.4 Reduction by  |               |  | <u> </u>           |               |                   | 1             |                | <u></u>         |  | †        |               |  |
| compromise   |               |  |                    |               |                   |               |                |                 |  | <b></b>  |               |  |
| 18.5 Amount rejected<br>18.6 Total settlements                                     |               |  |                    |               |                   |               |                |                 |  | <u> </u> |               |  |
| 19. Unpaid Dec. 31, current  |               |  |                    |               |                   |               |                |                 |  |          |               |  |
| year (16+17-18.6)  |               |  | +1                 |               |                   |               | <b>-      </b> |                 |  |          |               |  |
| POLICY EXHIBIT   |               |  |                    |               | Policie           | s             |                |                 |  |          |               |  |
| 20. In force December 31, prior year   |               |  |                    | (a)           |                   |               |                |                 |  |          |               |  |
| 21. Issued during year   |               |  |                    | · ,           |                   |               |                |                 |  |          |               |  |
| 22. Other changes to in force (Net)  |               |  |                    |               |                   |               |                |                 |  |          |               |  |
| 23. In force December 31 of  |               |  |                    | (-)           |                   |               |                |                 |  |          |               |  |
| current year (a) Includes Individual Credit Life                                   | Insurance n   | rior year \$   |                    | (a)<br>c      | urrent vear \$    |               |                |                 |  |          |               |  |
| Includes Group Credit Life Ins   | surance Loar  | ns less than or eq   | qual to 60 m       | onths at issu | ue, prior year \$ |               |                | , cu            | ,  |          |               |  |
| Loans greater than 60 months   | s at issue Bl | JT NOT GREATE  | ER THAN 12         | 20 MONTHS     | , prior year \$   |               |                | , cu            | rrent year \$                                      |          |               |  |
|  |               |  | CCIDE              | NT AND        | HEALTH            | <u>INSU</u> I |                |                 |  |          |               |  |
|  |               |  | 1                  | 1             | 2                 |               |                | 3<br>ds Paid Or | 4  |          | 5             |  |
|  |               |  |                    |               | Direct Prer       |               | Credited       | On Direct       |  |          | Direct Losses |  |
| 24 Group Policies (b)  |               |  |                    | remiums       | Earne             | d             | Bus            | siness          | Direct Losses                                      | Paid     | Incurred      |  |
| <ul><li>24. Group Policies (b)</li><li>24.1 Federal Employees Heal</li></ul>       |               |  |                    |               | <br>I             |               |                |                 | <u> </u>   |          |               |  |
| premium (b)  |               |  |                    |               |                   |               | ļ              |                 | ļ  |          |               |  |
| <ul><li>24.2 Credit (Group and Individed 24.3 Collectively renewable por</li></ul> |               |  |                    |               |                   |               |                |                 |  | ·····    |               |  |
| 24.4 Medicare Title XVIII exen   | npt from stat | e taxes or fees  |                    | 24,288,190    | 26,               |               |                | 0               |  |          | 19,809,266    |  |
| Other Individual Policies:   |               |  | I                  |               | İ                 |               |                |                 |  |          |               |  |
| <ul><li>25.1 Non-cancelable (b)</li><li>25.2 Guaranteed renewable (b)</li></ul>    | <br>D)        |  | <br>               |               |                   |               |                |                 |  | ·····    |               |  |
| 25.3 Non-renewable for stated  | reasons on    | ıly (b)  |                    |               |                   |               |                |                 |  |          |               |  |
| 25.4 Other accident only   |               |  |                    |               |                   |               |                |                 |  | ·····    |               |  |
| 25.5 All other (b)   |               |  |                    |               |                   |               |                | 0               |  | ·····    | n             |  |
|  |               |  |                    |               |                   |               |                |                 |  |          | 19,809,266    |  |
| 26. Totals (Lines 24 + 24.1 + (b) For health business on inc                       |               | ,  |                    | 24,288,190    |                   | 268,579       |                | 0               |  | 69,223   | , ,           |  |

insured under indemnity only products ......0 .



|  |   | MENT FOR           | THE YE  | EAR 2017       | 7 OF THE                           | Silve       | 5 7 5<br>rScript In               | suranc   |                | /        | 7 0 0 0                   |
|--|---|--------------------|---|----------------|------------------------------------|-------------|-----------------------------------|----------|----------------|----------|---------------------------|
| DIRECT BUSINESS IN THE S<br>NAIC Group Code 4667   | STATE O   | F Connecticut      |   | LIF            | FE INSUR                           | ANCE        | Ē                                 |          | _              |          | YEAR 2017<br>y Code 12575 |
| DIRECT P AND ANNUITY C  1. Life insurance  |   | ATIONS             | 1<br>Ordi                                     |                | 2<br>Credit Life (0<br>and Individ | ual)        | 3<br>Grou                         | p        | 4<br>Industria | ıl       | 5<br>Total                |
| Annuity considerations     Deposit-type contract funds   |   |                    |   |                | XXX                                |             |                                   |          | XXX            |          |                           |
| <ol> <li>Other considerations</li> <li>Totals (Sum of Lines 1 to 4</li> </ol>  | 1)  |                    |   |                |                                    |             |                                   |          |                |          |                           |
| DIRECT DIVIDENDS Life insurance: 6.1 Paid in cash or left on 6.2 Applied to pay renewal 6.3 Applied to provide paid the endowment or pre   | deposit<br>premiums<br>I-up additio<br>mium-payir | ns or shorten      |   |                |                                    |             |                                   |          |                |          |                           |
| 6.4 Other  | to 6.4)   |                    |   |                |                                    |             |                                   |          |                |          |                           |
| 7.2 Applied to provide paid<br>7.3 Other<br>7.4 Totals (sum of Lines 7.<br>8. Grand Totals (Lines 6.5 plu  |   |                    |   |                | A                                  |             |                                   |          |                |          |                           |
| 9. Death benefits  |   |                    | V   | U              |                                    | \           |                                   |          |                |          |                           |
| <ul> <li>12. Surrender values and withe</li> <li>13. Aggregate write-ins for mis and benefits paid</li></ul>   | cellaneous  | direct claims      |   |                |                                    |             |                                   |          |                |          |                           |
| 15. Totals  DETAILS OF WRITE-INS 1301. 1302.   |   |                    |   |                |                                    |             |                                   |          |                |          |                           |
| 1303<br>1398. Summary of Line 13 from 0<br>1399. Totals (Lines 1301 thru 130<br>above)   | overflow pa                                       | .ge                |   |                |                                    |             |                                   |          |                |          |                           |
|  | Ordinary  |                    |   |                | ıal)                               | Group       | )                                 | In       | dustrial       |          | Total                     |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  16. Unpaid December 31, prior   | No.   | 2<br>Amount        | 3<br>No. of<br>Ind.Pols.<br>& Gr.<br>Certifs. | 4<br>Amount    | No. of Certifs.                    | A           | mount                             | 7<br>No. | 8<br>Amount    | 9<br>No. | 10<br>Amount              |
| year   |   |                    |   |                |                                    |             |                                   |          |                |          |                           |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current   |   |                    |   |                |                                    |             |                                   | <b>!</b> |                |          |                           |
| year (16+17-18.6)  POLICY EXHIBIT  20. In force December 31, prior year  |   |                    |   | (a)            | of Policies                        |             |                                   |          |                |          |                           |
| 21. Issued during year   |   |                    |   |                |                                    |             |                                   |          |                |          |                           |
| current year  (a) Includes Individual Credit Life In Includes Group Credit Life Insu Loans greater than 60 months  | rance Loar  | ns less than or eq | ual to 60 m                                   | onths at issue | e, prior year \$                   |             |                                   | , cur    |                |          |                           |
|  |   | A                  | CCIDE   |                | HEALTH I                           | NSUF        | RANCE                             |          | 4              |          | 5                         |
| 24. Group Policies (b)   |   |                    | Direct Pr                                     |                | Direct Prem<br>Earned              |             | Dividends<br>Credited O<br>Busine | n Direct | Direct Losses  | s Paid   | Direct Losses<br>Incurred |
| 24.1 Federal Employees Health premium (b)  | Benefits P  | lan<br>            |   |                |                                    |             |                                   |          |                |          |                           |
| <ul> <li>24.2 Credit (Group and Individu</li> <li>24.3 Collectively renewable poli</li> <li>24.4 Medicare Title XVIII exempother Individual Policies:</li> <li>25.1 Non-cancelable (b)</li> <li>25.2 Guaranteed renewable (b)</li> </ul> | ot from state                                     | e taxes or fees    |   | 45,877,797     | 49,4                               | <br>168,038 |                                   | 0        | 44,0           | 92,544   | 40,291,500                |
| <ul><li>25.3 Non-renewable for stated r</li><li>25.4 Other accident only</li><li>25.5 All other (b)</li><li>25.6 Totals (sum of Lines 25.1 t</li></ul>   | to 25.5)  |                    |   | 0              |                                    | 0           |                                   | 0        |                | 0        | 0                         |
| 26. Totals (Lines 24 + 24.1 + 2<br>(b) For health business on indic  |   |                    |   | 45,877,797     |                                    | 68,038      | roducto                           | 0        |                | 92,544   | 40,291,500                |

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Silver Script Insurance

|   | CT BUSINESS IN THE  | STATE O                | F Delaware      |                    | LI                           | FE IN    | NSUR/            | ANCI        | E .      |           |                |         | YEAR 2017<br>y Code 12575 |
|---|---|------------------------|-----------------|--------------------|------------------------------|----------|------------------|-------------|----------|-----------|----------------|---------|---------------------------|
|   | •   | PREMIUMS               | <b>.</b>        |                    | 1                            |          | 2<br>lit Life (G |             |          | 3         | 4              |         | 5                         |
|   | AND ANNUITY C   |                        |                 | Ord                | inary                        |          | d Individu       |             | Gro      | oup       | Industri       | al      | Total                     |
| 1.  | Life insurance  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
| 2.<br>3.  | Annuity considerations Deposit-type contract fund   |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
| 4.  | Other considerations  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
| 5.  | Totals (Sum of Lines 1 to   | ,                      |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | DIRECT DIVIDENDS  | TO POLIC               | YHOLDERS        |                    |                              |          |                  | ļ           |          |           |                |         |                           |
|   | Life insurance: 6.1 Paid in cash or left on   | denosit                |                 |                    |                              |          |                  | ļ           |          |           |                |         |                           |
|   | 6.2 Applied to pay renewal  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | 6.3 Applied to provide paid   | d-up additio           | ns or shorten   |                    |                              |          |                  |             |          |           |                |         |                           |
|   | the endowment or pre<br>6.4 Other   |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | 6.5 Totals (sum of Line 6.1   | to 6.4)                |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | Annuities:  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | 7.1 Paid in cash or left on   | deposit                |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | 7.2 Applied to provide paid 7.3 Other   |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | 7.4 Totals (sum of Lines 7.   |                        |                 | <b>\</b>           |                              |          |                  |             |          |           |                |         |                           |
| 8.  | Grand Totals (Lines 6.5 pl  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | DIRECT CLAIMS A   |                        |                 | <b>1</b>           |                              |          |                  | М           |          | _         |                |         |                           |
| 9.<br>10.   | Death benefits Matured endowments   |                        |                 |                    |                              | <b>J</b> |                  |             |          |           |                |         |                           |
| 11.   |   |                        |                 |                    |                              |          | <del></del>      |             |          |           |                |         |                           |
| 12.   | Surrender values and with   | drawals for            | life contracts  |                    |                              |          |                  |             |          |           |                |         |                           |
| 13.   | Aggregate write-ins for mis   |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
| 14.   | and benefits paidAll other benefits, except a   |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | Totals  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
| 405   | DETAILS OF WRITE-INS  |                        |                 |                    |                              |          | -                |             |          |           |                |         |                           |
| 1301  | ·   |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
| 1303  | ·   |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
| 1398  | . Summary of Line 13 from   | overflow pa            | age             |                    |                              |          |                  |             |          |           |                |         |                           |
| 1399  | . Totals (Lines 1301 thru 13 above)   | 03 plus 139            | 98) (Line 13    |                    |                              |          |                  | ļ           |          |           |                |         |                           |
|   | above)  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   |   | ,                      | Ordinary        |                    | Credit Life<br>o and Individ | ual)     |                  | Group       | n        |           | Industrial     |         | Total                     |
|   | DIRECT DEATH  | 1                      | 2               | 3                  | 4                            | uaij     | 5                | Ciroup      | 6        | 7         | 8              | 9       | 10                        |
|   | BENEFITS AND  |                        |                 | No. of             |                              |          |                  |             |          |           |                |         |                           |
|   | MATURED<br>ENDOWMENTS   |                        |                 | Ind.Pols.<br>& Gr. |                              |          | No. of           |             |          |           |                |         |                           |
|   | INCURRED  | No.                    | Amount          | Certifs.           | Amour                        | nt       | Certifs.         | Α           | mount    | No.       | Amount         | No.     | Amount                    |
| 16. l   | Jnpaid December 31, prior year  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
| 17. I   | ncurred during current year   |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | Settled during current year:  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | 18.1 By payment in full   |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | compromised claims  | ,                      |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | 18.3 Totals paid  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | 18.4 Reduction by compromise  |                        |                 |                    |                              |          |                  |             |          |           |                |         |                           |
|   | 18.5 Amount rejected  |                        |                 | <b>V</b>           |                              |          |                  |             |          |           |                |         |                           |
|   | 18.6 Total settlements  |                        |                 |                    |                              |          |                  | <u> </u>    |          |           |                |         |                           |
|   | Jnpaid Dec. 31, current year (16+17-18.6)   |                        |                 |                    |                              |          |                  |             |          | T         |                |         |                           |
|   | •   |                        |                 | 1                  |                              |          | . of             |             |          |           |                |         |                           |
| 00.   | POLICY EXHIBIT  |                        |                 |                    |                              | -        | Policies         |             |          |           |                |         |                           |
| 20. I   | n force December 31, prior year   |                        |                 |                    | (a)                          |          |                  |             |          |           |                |         |                           |
|   | ssued during year   |                        |                 |                    |                              |          |                  | ļ           |          |           |                |         |                           |
| 22. (   | Other changes to in force   |                        |                 |                    |                              |          |                  | Ì           |          |           |                |         |                           |
| 23. I   | (Net)n force December 31 of   |                        |                 |                    |                              |          |                  | ļ           |          |           |                |         |                           |
| <u></u>   | current year  |                        |                 |                    | (a)                          |          | _                | <u> </u>    |          |           |                |         |                           |
|   | eludes Individual Credit Life I<br>Eludes Group Credit Life Insu  |                        |                 |                    | , C                          |          |                  |             |          |           | urrent year \$ |         |                           |
|   | ans greater than 60 months  |                        |                 | •                  |                              |          |                  |             |          |           |                |         |                           |
|   | -   |                        |                 |                    |                              |          | •                |             |          | , -       | • •            |         |                           |
|   |   |                        | <i>F</i>        |                    | NT AND                       | пЕА      | <u> </u>         | 1001        |          | 3         | 4              | I       | 5                         |
|   |   |                        |                 |                    | •                            |          |                  |             | Dividend | s Paid Or |                |         |                           |
|   |   |                        |                 | Direct             | romiuma                      | Dire     | ct Premiu        | ums         |          | On Direct |                | oc Poid | Direct Losses             |
| 24.   | Group Policies (b)  |                        |                 | Direct P           | remiums                      |          | Earned           |             | Busi     | iness     | Direct Losse   | es raio | Incurred                  |
|   | Federal Employees Health  | Benefits P             | Plan            |                    |                              |          |                  |             | [        |           |                |         |                           |
| 24.1  | ' (1.)  |                        |                 |                    |                              |          |                  |             | }        |           |                |         |                           |
|   | premium (b)   | al)                    |                 |                    |                              |          |                  |             |          |           |                |         |                           |
| 24.2  | Credit (Group and Individu  | icies (b)              |                 |                    |                              |          | 11 , 15          |             |          |           |                |         | 7,942,713                 |
| 24.2<br>24.3  |   |                        |                 |                    | ,000,110 1                   |          | ,                |             |          |           | 1              | · ["    | , . ,                     |
| 24.2<br>24.3<br>24.4  | Credit (Group and Individu<br>Collectively renewable pol<br>Medicare Title XVIII exem<br>Other Individual Policies:   | ot from stat           | e taxes or fees |                    | 9,000,770                    |          |                  |             |          |           |                |         |                           |
| 24.2<br>24.3<br>24.4<br>25.1  | Credit (Group and Individu<br>Collectively renewable pol<br>Medicare Title XVIII exem<br>Other Individual Policies:<br>Non-cancelable (b)   | ot from stat           | e taxes or fees |                    |                              |          |                  |             |          |           |                |         |                           |
| 24.2<br>24.3<br>24.4<br>25.1<br>25.2  | Credit (Group and Individu<br>Collectively renewable pol<br>Medicare Title XVIII exemp<br>Other Individual Policies:<br>Non-cancelable (b)<br>Guaranteed renewable (b)                            | ot from stat           | e taxes or fees |                    |                              |          |                  |             |          |           |                |         |                           |
| 24.2<br>24.3<br>24.4<br>25.1<br>25.2<br>25.3                                | Credit (Group and Individu<br>Collectively renewable pol<br>Medicare Title XVIII exem<br>Other Individual Policies:<br>Non-cancelable (b)<br>Guaranteed renewable (b)<br>Non-renewable for stated | ot from state          | e taxes or fees |                    |                              |          |                  |             |          |           |                |         |                           |
| 24.2<br>24.3<br>24.4<br>25.1<br>25.2<br>25.3<br>25.4<br>25.5                | Credit (Group and Individu<br>Collectively renewable pol<br>Medicare Title XVIII exemp<br>Other Individual Policies:<br>Non-cancelable (b)  | ot from stat           | e taxes or fees |                    |                              |          |                  |             |          |           |                |         |                           |
| 24.2<br>24.3<br>24.4<br>25.1<br>25.2<br>25.3<br>25.4<br>25.5<br>25.6        | Credit (Group and Individu<br>Collectively renewable pol<br>Medicare Title XVIII exemp<br>Other Individual Policies:<br>Non-cancelable (b)  | reasons on             | e taxes or fees |                    | 0                            |          |                  |             |          |           |                |         |                           |
| 24.2<br>24.3<br>24.4<br>25.1<br>25.2<br>25.3<br>25.4<br>25.5<br>25.6<br>26. | Credit (Group and Individu<br>Collectively renewable pol<br>Medicare Title XVIII exemp<br>Other Individual Policies:<br>Non-cancelable (b)  | reasons on<br>to 25.5) | ly (b)          |                    | 0                            |          | 11,15            | 0<br>53,406 |          |           | )<br>) 8,      | 692,592 |                           |

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insured under indemnity only products



| DIRECT BUSINESS IN THE STATE OF District of | Columbia |               |          | DURING TH  | E YEAR 2017    |
|---|----------|---------------|----------|------------|----------------|
| NAIC Group Code 4667                        | LI       | IFE INSURANCE | <b>=</b> | NAIC Compa | any Code 12575 |
|   |          |               |          |            |                |

|        |   | 1        | 2                  | 3     | 4          | 5     |
|--------|---|----------|--------------------|-------|------------|-------|
|        | DIRECT PREMIUMS                                     |          | Credit Life (Group |       |            |       |
|        | AND ANNUITY CONSIDERATIONS                          | Ordinary | and Individual)    | Group | Industrial | Total |
| 1.     | Life insurance                                      |          |                    |       |            |       |
| 2.     | Annuity considerations                              |          |                    |       |            |       |
| 3.     | Deposit-type contract funds                         |          | XXX                |       | XXX        |       |
| 4.     | Other considerations                                |          |                    |       |            |       |
| 5.     | Totals (Sum of Lines 1 to 4)                        |          |                    |       |            |       |
|        | DIRECT DIVIDENDS TO POLICYHOLDERS                   |          |                    |       |            |       |
|        | Life insurance:                                     |          |                    |       |            |       |
|        | 6.1 Paid in cash or left on deposit                 |          |                    |       |            |       |
|        | 6.2 Applied to pay renewal premiums                 |          |                    |       |            |       |
|        | 6.3 Applied to provide paid-up additions or shorten |          |                    |       |            |       |
|        |   |          |                    |       |            |       |
|        | 6.4 Other   |          |                    |       |            |       |
|        | 6.5 Totals (sum of Line 6.1 to 6.4)                 |          |                    |       |            |       |
|        | Annuities:  |          |                    |       |            |       |
|        | 7.1 Paid in cash or left on deposit                 |          |                    |       |            |       |
|        | 7.2 Applied to provide paid-up annuities            |          | •                  |       |            |       |
|        | 7.3 Other   |          |                    |       |            |       |
|        | 7.4 Totals (sum of Lines 7.1 to 7.3)                |          |                    |       |            |       |
| 8.     | Grand Totals (Lines 6.5 plus 7.4)                   |          |                    |       |            |       |
|        | DIRECT CLAIMS AND BENEFITS PAID                     |          |                    |       |            |       |
| 9.     | Death benefits                                      |          |                    |       |            |       |
| 10.    | Matured endowments                                  |          |                    |       |            |       |
| 11.    |   | ****     |                    |       |            |       |
| 12.    |   |          |                    |       |            |       |
| 13.    | Aggregate write-ins for miscellaneous direct claims |          |                    |       |            |       |
|        | and benefits paid                                   |          |                    |       |            |       |
| 14.    | All other benefits, except accident and health      |          |                    |       |            |       |
|        | Totals  |          |                    |       |            |       |
|        | DETAILS OF WRITE-INS                                |          |                    |       |            |       |
| 1301.  |   |          |                    |       |            |       |
| 1302   |   |          |                    |       |            |       |
| 1303   |   |          |                    |       |            |       |
| 1398   | Summary of Line 13 from overflow page               |          |                    |       |            |       |
|        | Totals (Lines 1301 thru 1303 plus 1398) (Line 13    |          |                    |       |            |       |
| 1.000. | above)  |          |                    |       |            |       |

|  |     | Ordinary |                                | Credit Life and Individual) |                 | Group  |     | ndustrial |     | Total  |
|--|-----|----------|--------------------------------|-----------------------------|-----------------|--------|-----|-----------|-----|--------|
| DIRECT DEATH<br>BENEFITS AND                           | 1   | 2        | 3<br>No. of                    | 4                           | 5               | 6      | 7   | 8         | 9   | 10     |
| MATURED<br>ENDOWMENTS<br>INCURRED                      | No. | Amount   | Ind.Pols.<br>& Gr.<br>Certifs. | Amount                      | No. of Certifs. | Amount | No. | Amount    | No. | Amount |
| 16. Unpaid December 31, prior year                     |     |          |                                |                             |                 |        |     |           |     |        |
| *  |     |          |                                |                             |                 |        |     |           |     |        |
| 18.2 By payment on compromised claims 18.3 Totals paid | ,   |          |                                |                             |                 |        |     |           |     |        |
| 18.4 Reduction by compromise                           |     |          |                                |                             |                 |        |     |           |     |        |
| 18.5 Amount rejected                                   |     |          |                                |                             |                 |        |     |           |     |        |
| 19. Unpaid Dec. 31, current year (16+17-18.6)          |     |          |                                |                             |                 |        |     |           |     |        |
| POLICY EXHIBIT 20. In force December 31, prior year    |     |          |                                | (a)                         | of Policies     |        |     |           |     |        |
| 21. Issued during year                                 |     |          |                                | (α <i>)</i>                 | <u> </u>        |        |     |           | -   |        |
| 22. Other changes to in force (Net)                    |     |          |                                |                             |                 |        |     |           |     |        |
| 23. In force December 31 of current year               |     |          |                                | (a)                         |                 |        |     |           |     |        |

(a) Includes Individual Credit Life Insurance prior year \$ ......................, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ , current year \$

### **ACCIDENT AND HEALTH INSURANCE**

|      |  | 1               | 2                         | 3                                       | 4                   | 5                         |
|------|--|-----------------|---------------------------|---|---------------------|---------------------------|
|      |  |                 | Direct Bremiums           | Dividends Paid Or<br>Credited On Direct |                     | Direct Lesses             |
|      |  | Direct Premiums | Direct Premiums<br>Earned | Business                                | Direct Losses Paid  | Direct Losses<br>Incurred |
| 24.  | Group Policies (b)                                   | Direct Fernians | Lamed                     | Dusiness                                | Direct Losses I aid | incurred                  |
|      | Federal Employees Health Benefits Plan premium (b)   |                 |                           |   |                     |                           |
| 24.2 | Credit (Group and Individual)                        |                 |                           |   |                     |                           |
| 24.3 | Collectively renewable policies (b)                  |                 |                           |   |                     |                           |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | 5,542,499       | 6,557,117                 | 0                                       | 4,909,177           | 4,485,310                 |
|      | Other Individual Policies:                           |                 |                           |   |                     |                           |
| 25.1 | Non-cancelable (b)                                   |                 |                           |   |                     |                           |
|      | Guaranteed renewable (b)                             |                 |                           |   |                     |                           |
| 25.3 | Non-renewable for stated reasons only (b)            |                 |                           |   |                     |                           |
| 25.4 | Other accident only                                  |                 |                           |   |                     |                           |
|      | All other (b)  |                 |                           |   |                     |                           |
| 25.6 | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0                         | 0                                       | 0                   | 0                         |
| 26.  | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 5.542.499       | 6.557.117                 | 0                                       | 4.909.177           | 4.485.310                 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons

insured under indemnity only products



|          | CT BUSINESS IN THE S<br>Group Code 4667                         | STATE O               | F Florida      |                   | LI              | FE I | NSUR                       | ANCE        | <b>≣</b> |                 |                |        | YEAR 2017<br>y Code 12575 |
|----------|---|-----------------------|----------------|-------------------|-----------------|------|----------------------------|-------------|----------|-----------------|----------------|--------|---------------------------|
|          | •   | DEMILIMO              |                |                   | 1               |      | 2                          |             |          | 3               | 4              |        | 5                         |
|          | AND ANNUITY C   | PREMIUMS<br>ONSIDERA  |                | Ordi              | inary           |      | dit Life (G<br>nd Individu |             | Gr       | oup             | Industria      | ı      | Total                     |
| 1.       | Life insurance  |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 2.<br>3. | Annuity considerations  Deposit-type contract funds             |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 3.<br>4. | Other considerations  |                       |                |                   |                 |      | XXX                        |             |          |                 |                |        |                           |
| 5.       | Totals (Sum of Lines 1 to 4                                     | 4)                    |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | DIRECT DIVIDENDS  | TO POLIC              | YHOLDERS       |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | Life insurance: 6.1 Paid in cash or left on o                   | donosit               |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | 6.2 Applied to pay renewal                                      | deposit<br>I premiums |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | 6.3 Applied to provide paid                                     | d-up additio          | ns or shorten  |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | the endowment or pre<br>6.4 Other                               | mium-payir            | ng period      |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | 6.5 Totals (sum of Line 6.1                                     |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | Annuities:  | ,                     |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | 7.1 Paid in cash or left on o                                   | •                     | F              |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | 7.2 Applied to provide paid 7.3 Other                           |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | 7.4 Totals (sum of Lines 7.                                     |                       |                |                   |                 | 7    |                            |             |          |                 |                |        |                           |
| 8.       | Grand Totals (Lines 6.5 plu                                     |                       | ·              |                   |                 |      | 117                        |             |          |                 |                |        |                           |
| 9.       | DIRECT CLAIMS A Death benefits                                  |                       |                | W                 |                 | J    | <b>II</b> 7                |             |          |                 |                |        |                           |
| 10.      | Matured endowments  |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 11.      | Annuity benefits  |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 12.      |   |                       | F              |                   |                 |      |                            |             |          |                 |                |        |                           |
| 13.      | Aggregate write-ins for mis<br>and benefits paid                |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | All other benefits, except a                                    |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 15.      | Totals  |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 1301     | DETAILS OF WRITE-INS  |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          |   |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 1303.    |   |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | Summary of Line 13 from a Totals (Lines 1301 thru 13            | •                     | _              |                   |                 |      |                            |             |          |                 |                |        |                           |
| 1000.    | above)  | oo pius 10a           | 00) (Line 13   |                   |                 |      |                            |             |          |                 |                |        |                           |
|          |   |                       |                |                   | Credit Life     |      |                            |             |          |                 |                |        |                           |
|          |   |                       | Ordinary       | (Group            | and Individ     | ual) |                            | Group       |          |                 | Industrial     |        | Total                     |
|          | DIRECT DEATH<br>BENEFITS AND                                    | 1                     | 2              | 3<br>No. of       | 4               |      | 5                          |             | 6        | 7               | 8              | 9      | 10                        |
|          | MATURED   |                       |                | Ind.Pols.         |                 |      |                            |             |          |                 |                |        |                           |
|          | ENDOWMENTS<br>INCURRED  | No.                   | Amount         | & Gr.<br>Certifs. | Amour           | nt   | No. of<br>Certifs.         | Δ           | mount    | No.             | Amount         | No.    | Amount                    |
| 16. L    | Inpaid December 31, prior                                       | INO.                  | Amount         | Gertiis.          | Ailloui         | IL.  | Gertiis.                   | ^           | mount    | INO.            | Amount         | INO.   | Amount                    |
|          | year  |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | ncurred during current year Settled during current year:        |                       |                |                   |                 |      | İ                          |             |          | †               |                |        |                           |
|          | 8.1 By payment in full  |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 1        | 8.2 By payment on   |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 1        | compromised claims<br>8.3 Totals paid                           |                       |                |                   |                 |      | İ                          |             |          |                 |                |        |                           |
| 1        | 8.4 Reduction by  |                       | _              | _                 |                 |      | _                          | _           |          |                 |                |        |                           |
| 1        |   |                       |                | <del>\</del>      |                 |      | +                          |             |          |                 |                |        |                           |
|          | 8.6 Total settlements   |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | Jnpaid Dec. 31, current   |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | year (16+17-18.6)   |                       |                | 1                 |                 |      | . of                       |             |          |                 |                |        |                           |
|          | POLICY EXHIBIT  |                       | _              |                   |                 |      | Policies                   |             |          |                 |                |        |                           |
|          | n force December 31, prior<br>year                              |                       |                |                   | (a)             |      | 1                          |             |          |                 |                |        |                           |
| 21. ls   | ssued during year   |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | Other changes to in force (Net)                                 |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | n force December 31 of  |                       |                |                   |                 |      |                            |             |          |                 |                | -      |                           |
|          | current year  |                       | d ^            | •                 | (a)             |      |                            |             |          |                 |                |        |                           |
|          | ludes Individual Credit Life II<br>ludes Group Credit Life Insu |                       |                |                   |                 |      |                            |             |          |                 | urrent year \$ |        |                           |
|          | ans greater than 60 months                                      |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          |   |                       | ^              | CCIDEI            | NT AND          |      | TU II                      | MOLIE       |          |                 |                |        |                           |
|          |   |                       | <u>~</u>       |                   | 1 AND           | 1166 | <u> 2</u>                  | 1301        |          | 3               | 4              | 1      | 5                         |
|          |   |                       |                |                   |                 |      | _                          |             | Dividend | ds Paid Or      |                |        | -                         |
|          |   |                       |                | Direct P          | remiums         | Dir  | ect Premi<br>Earned        | ums         |          | On Direct iness | Direct Losses  | Paid   | Direct Losses<br>Incurred |
| 24.      | Group Policies (b)  |                       |                | Direct F          |                 |      | Lameu                      |             | Dus      |                 | 2.100t L03368  | , alu  |                           |
| 24.1     | Federal Employees Health  |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 24.2     | premium (b)<br>Credit (Group and Individu                       |                       |                |                   |                 |      |                            |             | }        |                 |                |        |                           |
| 24.3     | Collectively renewable poli                                     | icies (b)             |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | Medicare Title XVIII exemp                                      |                       |                |                   | 95,362,654      |      | 213,39                     | 99,014      |          | (               | 174,4          | 39,582 | 159,562,062               |
| 25.1     | Other Individual Policies: Non-cancelable (b)                   |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | Guaranteed renewable (b)  |                       |                |                   |                 |      |                            |             |          |                 | -              |        |                           |
|          | Non-renewable for stated r                                      |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
|          | Other accident only   |                       |                |                   |                 |      |                            |             |          |                 |                |        |                           |
| 25.5     | All other (b) Totals (sum of Lines 25.1 t                       | to 25 5\              |                |                   |                 |      |                            |             | <b></b>  |                 |                |        |                           |
| 26.      |   | 23.3)<br>24.2 + 24.3  | + 24.4 + 25.6) | 1:                | 0<br>95,362,654 |      | 213 39                     | 0<br>99,014 |          |                 |                | 39,582 | 0<br>159.562.062          |
|          |   |                       |                |                   | , ,             |      | -, 50                      |             |          |                 |                |        | , ,                       |

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insured under indemnity only products



| DIRECT BUSINESS IN TH<br>NAIC Group Code 466   |                  | OF Georgia    |             | LI          | IFE II   | NSURA            | ANCE        | <b>E</b> |                         | _             |        | YEAR 2017<br>Code 12575 |
|--|------------------|---------------|-------------|-------------|----------|------------------|-------------|----------|-------------------------|---------------|--------|-------------------------|
| •  | T PREMIUMS       | S             | -           | 1           |          | 2<br>dit Life (G |             |          | 3                       | 4             |        | 5                       |
| AND ANNUIT   |                  |               | Ordi        | inary       | an       | nd Individu      | ıal)        | Gr       | oup                     | Industria     | ıl     | Total                   |
| <ol> <li>Life insurance</li> <li>Annuity considerations</li> </ol>   |                  |               |             |             | }        |                  |             |          |                         | +             |        |                         |
| Deposit-type contract f  |                  |               |             |             |          | XXX              |             |          |                         | XXX           |        |                         |
| Other considerations   |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| 5. Totals (Sum of Lines 1  |                  |               |             |             | <u> </u> |                  |             |          |                         |               |        |                         |
| DIRECT DIVIDEN   | OS TO POLIC      | YHOLDERS      |             |             |          |                  |             |          |                         |               |        |                         |
| Life insurance:  |                  |               |             |             | 1        |                  |             |          |                         |               |        |                         |
| <ul><li>6.1 Paid in cash or left</li><li>6.2 Applied to pay rene</li></ul>   | on deposit       |               |             |             | ·        |                  |             |          |                         | -             |        |                         |
| 6.3 Applied to pay rene<br>6.3 Applied to provide  |                  |               |             |             |          |                  |             |          |                         | -             |        |                         |
| the endowment or   |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| 6.4 Other  |                  |               |             |             | ļ        |                  |             |          |                         | <b>_</b>      |        |                         |
| 6.5 Totals (sum of Line  | 6.1 to 6.4)      |               |             |             | <b></b>  |                  |             |          |                         |               |        |                         |
| Annuities:   |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| <ul><li>7.1 Paid in cash or left</li><li>7.2 Applied to provide</li></ul>  |                  |               |             |             | ·····    |                  |             |          |                         | -             |        |                         |
| 7.3 Other  |                  |               |             |             |          |                  |             |          |                         | -             |        |                         |
| 7.4 Totals (sum of Line  | s 7.1 to 7.3)    |               |             |             |          |                  |             |          |                         |               |        |                         |
| 8. Grand Totals (Lines 6.  |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| DIRECT CLAIM   | S AND BENE       | FITS PAID     |             |             |          |                  |             |          |                         |               |        |                         |
| 9. Death benefits  |                  |               |             |             | <i></i>  |                  | <b>.</b>    |          |                         |               |        |                         |
| 10. Matured endowments   |                  |               |             |             |          |                  |             |          |                         | +             |        |                         |
| <ol> <li>Annuity benefits</li> <li>Surrender values and values.</li> </ol>   |                  |               |             |             | ·····    |                  |             |          |                         | +             |        |                         |
| <ol> <li>Surrender values and values and values and values.</li> </ol>   |                  |               | l           |             | ļ        |                  |             | <b> </b> |                         | †             |        |                         |
| and benefits paid  |                  |               |             |             | ļ        |                  |             | ļ        |                         | 4             |        |                         |
| 14. All other benefits, exce   |                  |               |             |             | ļ        |                  |             | ļ        |                         | 4             |        |                         |
| 15. Totals   |                  |               |             |             | <b> </b> |                  |             |          |                         | 1             |        |                         |
| DETAILS OF WRITE-I   | _                |               |             |             | ł        |                  |             |          |                         | 1             |        |                         |
| 1301<br>1302   |                  |               |             |             | l        |                  |             |          |                         | -             |        |                         |
| 1303.  |                  |               |             |             | ļ        |                  |             |          |                         | -             |        |                         |
| 1398. Summary of Line 13 fro   |                  |               |             |             | [        |                  |             |          |                         | -             |        |                         |
| 1399. Totals (Lines 1301 thru  | 1303 plus 13     | 98) (Line 13  |             |             |          |                  |             |          |                         |               |        |                         |
| above)   |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
|  |                  |               | (           | Credit Life |          |                  |             |          |                         |               |        |                         |
| DIDEOT DE ATU  |                  | Ordinary      |             | and Individ | lual)    | _                | Group       |          |                         | ndustrial     | -      | Total                   |
| DIRECT DEATH<br>BENEFITS AND   | 1                | 2             | 3<br>No. of | 4           |          | 5                |             | 6        | 7                       | 8             | 9      | 10                      |
| MATURED  |                  |               | Ind.Pols.   |             |          |                  |             |          |                         |               |        |                         |
| ENDOWMENTS   |                  |               | & Gr.       |             |          | No. of           |             |          |                         |               |        |                         |
| INCURRED  16. Unpaid December 31, pri  | No.              | Amount        | Certifs.    | Amour       | nt       | Certifs.         | A           | mount    | No.                     | Amount        | No.    | Amount                  |
| year   |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| <ol><li>17. Incurred during current ye</li></ol>   |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| Settled during current year  |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| 18.1 By payment in full  |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| 18.2 By payment on<br>compromised clain  | ıs               |               |             |             |          |                  |             |          |                         |               |        |                         |
| 18.3 Totals paid   |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| 18.4 Reduction by  |                  |               |             |             |          | _                | _           |          |                         |               |        |                         |
| compromise   |                  |               | <b>\</b>    |             |          |                  |             |          |                         |               |        |                         |
| 18.5 Amount rejected<br>18.6 Total settlements   |                  |               | <b>\</b>    |             |          |                  |             |          |                         |               |        |                         |
| 19. Unpaid Dec. 31, current  |                  |               |             |             |          |                  | 7           |          |                         |               |        |                         |
| year (16+17-18.6)  |                  |               | 7           |             |          |                  | .`          |          |                         |               |        |                         |
|  |                  |               |             |             |          | of               |             |          |                         |               |        |                         |
| POLICY EXHIBIT<br>20. In force December 31, pr   | or               |               |             |             | ļ        | Policies         |             |          |                         |               |        |                         |
| year   |                  |               |             | (a)         |          | <b></b>          |             |          | <u> </u>                |               |        |                         |
| 21. Issued during year   |                  |               |             |             |          | <b>_</b>         |             |          | <b></b>                 |               |        |                         |
| <ol> <li>Other changes to in force</li> </ol>  |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| (Net)23. In force December 31 of   |                  |               |             |             |          |                  |             |          | +                       |               | -      |                         |
| current year   |                  |               |             | (a)         |          |                  |             |          |                         |               |        |                         |
| a) Includes Individual Credit L  |                  | •             |             | , c         |          | •                |             |          |                         | _             |        |                         |
| Includes Group Credit Life   |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| Loans greater than 60 mon  | ins at issue bi  | UI NOI GREATI | ER THAN IZ  | 20 MONTHS   | s, prior | year \$          |             |          | , CU                    | rrent year \$ |        |                         |
|  |                  |               | CCIDE       | NT AND      | HEA      | LTH I            | <u>NSUF</u> |          |                         |               |        |                         |
|  |                  | ·             |             | 1           | 1        | 2                |             |          | 3<br>do Boid Or         | 4             |        | 5                       |
|  |                  |               |             |             | Dire     | ect Premiu       | ums         |          | ds Paid Or<br>On Direct |               |        | Direct Losses           |
|  |                  |               | Direct P    | remiums     |          | Earned           |             |          | iness                   | Direct Losses | s Paid | Incurred                |
| 24. Group Policies (b)   |                  |               |             |             | ļ        |                  |             | ļ        |                         | ļ             |        |                         |
| 24.1 Federal Employees He  |                  |               |             |             | 1        |                  |             |          |                         |               |        |                         |
| premium (b)<br>24.2 Credit (Group and Indi   |                  |               | l           |             | İ        |                  |             | <b></b>  |                         | -             | ····   |                         |
| 24.3 Collectively renewable  |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| 24.4 Medicare Title XVIII ex   |                  |               |             | 12,264,621  |          | 122 , 17         | 76,352      |          | 0                       | 113,5         | 63,247 | 103,799,879             |
| Other Individual Policie   |                  |               |             |             | 1        |                  |             |          |                         |               |        | -                       |
|  |                  |               |             |             |          |                  |             |          |                         |               |        |                         |
| 25.1 Non-cancelable (b)  |                  |               | ı           |             |          |                  |             |          |                         | <b> </b>      |        |                         |
| 25.2 Guaranteed renewable  | (b)              |               |             |             |          |                  |             |          |                         |               |        |                         |
| <ul><li>25.2 Guaranteed renewable</li><li>25.3 Non-renewable for state</li></ul>   | (b)ed reasons or | nly (b)       |             |             |          |                  |             |          |                         |               |        |                         |
| <ul><li>25.2 Guaranteed renewable</li><li>25.3 Non-renewable for state</li><li>25.4 Other accident only</li></ul>                            | (b)ed reasons or | nly (b)       |             |             |          |                  |             |          |                         |               |        |                         |
| <ul><li>25.2 Guaranteed renewable</li><li>25.3 Non-renewable for state</li><li>25.4 Other accident only</li><li>25.5 All other (b)</li></ul> | (b)ed reasons or | nly (b)       |             |             |          |                  |             |          |                         |               |        |                         |
| <ul><li>25.2 Guaranteed renewable</li><li>25.3 Non-renewable for state</li><li>25.4 Other accident only</li></ul>                            | (b)ed reasons or | nly (b)       |             |             |          |                  |             |          | 0                       |               | 0      |                         |

insured under indemnity only products ......0 .



| DIRECT BUSINESS IN THE NAIC Group Code 4667  | STATE O      | F Hawaii          |                    | LI                         | IFE I    | NSUR   | ANCE     | <b>=</b> |                |                                  |          | YEAR 2017<br>y Code 12575 |
|--|--------------|-------------------|--------------------|----------------------------|----------|--|----------|----------|----------------|----------------------------------|----------|---------------------------|
| _  | PREMIUMS     |                   |                    |                            |          | 2<br>dit Life (G                             |          |          | 3              | 4                                |          | 5                         |
| 1. Life insurance  |              |                   | Ordi               | nary                       | ar       | nd Individu                                  | ıal)     | Gro      | oup            | Industria                        | ıl       | Total                     |
| 2. Annuity considerations  |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| Deposit-type contract functions     Other considerations                                   |              |                   |                    |                            |          | XXX  |          |          |                | XXX                              |          |                           |
| 5. Totals (Sum of Lines 1 to   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| DIRECT DIVIDENDS   |              | YHOLDERS          |                    |                            |          |  |          |          |                |                                  |          |                           |
| Life insurance:  |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 6.1 Paid in cash or left on<br>6.2 Applied to pay renewa                                   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 6.2 Applied to pay renewa  | •            | T T               |                    |                            |          |  |          |          |                |                                  |          |                           |
| the endowment or pre   | emium-payir  | ng period         |                    |                            |          |  |          |          |                |                                  |          |                           |
| 6.4 Other<br>6.5 Totals (sum of Line 6.  |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| Annuities:   | 1 (0 6.4)    |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 7.1 Paid in cash or left on  | deposit      |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 7.2 Applied to provide pai   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 7.3 Other<br>7.4 Totals (sum of Lines 7  |              |                   | <b>\</b>           |                            |          |  |          |          |                |                                  |          |                           |
| 8. Grand Totals (Lines 6.5 p   |              |                   |                    |                            |          |  |          |          |                |                                  | ·····    |                           |
| DIRECT CLAIMS A  |              | -                 | 71                 |                            |          |  |          |          |                |                                  |          |                           |
| 9. Death benefits  |              |                   |                    |                            | <b>J</b> |  | <b>\</b> |          |                |                                  |          |                           |
| Matured endowments     Annuity benefits  |              |                   |                    |                            |          | <del></del>                                  |          |          |                |                                  |          |                           |
| 12. Surrender values and with  |              | T T               |                    |                            |          |  |          |          |                |                                  |          |                           |
| 13. Aggregate write-ins for mi   |              |                   | -                  |                            |          |  |          |          |                |                                  |          |                           |
| and benefits paid  |              |                   |                    |                            | l        |  |          |          |                |                                  |          |                           |
| 15. Totals   | accident an  | a meatin          |                    |                            |          |  |          |          |                |                                  |          |                           |
| DETAILS OF WRITE-INS   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 1301.  |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 1302.<br>1303.   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 1398. Summary of Line 13 from  |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 1399. Totals (Lines 1301 thru 13   | 303 plus 139 | 98) (Line 13      |                    |                            |          |  |          |          |                |                                  |          |                           |
| above)   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
|  |              | Ordinary          |                    | Credit Life<br>and Individ | lual)    |  | Group    | 2        |                | Industrial                       |          | Total                     |
| DIRECT DEATH   | 1            | 2                 | 3                  | 4                          | iuai)    | 5  | Group    | 6        | 7              | 8                                | 9        | 10                        |
| BENEFITS AND   |              |                   | No. of             |                            |          |  |          |          |                |                                  |          |                           |
| MATURED<br>ENDOWMENTS  |              |                   | Ind.Pols.<br>& Gr. |                            |          | No. of                                       |          |          |                |                                  |          |                           |
| INCURRED   | No.          | Amount            | Certifs.           | Amour                      | nt       | Certifs.                                     | Α        | mount    | No.            | Amount                           | No.      | Amount                    |
| 16. Unpaid December 31, prior  |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| year 17. Incurred during current year  |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| Settled during current year:   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 18.1 By payment in full  | -            |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 18.2 By payment on compromised claims.   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 18.3 Totals paid   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 18.4 Reduction by compromise   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 18.5 Amount rejected   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 18.6 Total settlements   | -            |                   |                    |                            |          |  | <b>.</b> |          |                |                                  |          |                           |
| 19. Unpaid Dec. 31, current year (16+17-18.6)  |              |                   |                    |                            |          | <b>                                     </b> |          |          |                |                                  |          |                           |
| year (10+17-16.6)  |              |                   |                    |                            |          | . of   |          |          |                |                                  |          |                           |
| POLICY EXHIBIT   |              |                   | _                  |                            | _        | Policies                                     |          |          |                |                                  |          |                           |
| 20. In force December 31, prior year   |              |                   |                    | (a)                        |          | 1  |          |          |                |                                  |          |                           |
| 21. Issued during year   | -            |                   |                    | ,                          |          |  |          |          |                |                                  |          |                           |
| 22. Other changes to in force  |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| (Net)23. In force December 31 of   | -            |                   |                    |                            |          | †  |          |          |                |                                  |          |                           |
| current year   |              |                   |                    | (a)                        |          | <u> </u>                                     |          |          |                |                                  |          |                           |
| <ul><li>(a) Includes Individual Credit Life<br/>Includes Group Credit Life Inst</li></ul>  |              | •                 |                    | onthe at ice               |          |  |          |          |                | urrant voar ¢                    |          |                           |
| Loans greater than 60 months   |              |                   |                    |                            |          |  |          |          |                | urrent year \$<br>urrent year \$ |          |                           |
|  | ,            |                   |                    |                            | •        | •  |          |          | , 0            | , <del></del>                    |          |                           |
|  |              | A                 |                    | NT AND                     | HEA      | <u> </u>                                     | 15UF     |          | 3              | 4                                | 1        | 5                         |
|  |              |                   |                    | '                          |          | 2  |          |          | 3<br>s Paid Or |                                  |          | -                         |
|  |              |                   | Di : 2             | va mali                    | Dir      | ect Premi                                    | ums      |          | On Direct      |                                  | . Doi:-  | Direct Losses             |
| 24. Group Policies (b)   |              |                   | Direct P           | remiums                    |          | Earned                                       |          | Busi     | ness           | Direct Losses                    | o raid   | Incurred                  |
| 24.1 Federal Employees Healt   | h Benefits F | Plan              |                    |                            | <u> </u> |  |          |          |                | -                                |          |                           |
| premium (b)  |              |                   |                    |                            | ļ        |  |          | <b> </b> |                |                                  |          |                           |
| <ul><li>24.2 Credit (Group and Individual</li><li>24.3 Collectively renewable po</li></ul> |              |                   |                    |                            | <u> </u> |  |          |          |                |                                  |          |                           |
| 24.4 Medicare Title XVIII exem   |              |                   |                    | 4,044,594                  |          | 5,26   | 57,599   |          |                | 04,1                             | 73,280   | 3,812,082                 |
| Other Individual Policies:   |              |                   |                    | , -                        |          | ,  |          |          |                | , ,                              | [        | , ,                       |
| 25.1 Non-cancelable (b)  |              | T T               |                    |                            |          |  |          |          |                |                                  |          |                           |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li></ul>       |              |                   |                    |                            | l        |  |          |          |                |                                  |          |                           |
| 25.4 Other accident only   |              | • ` '             |                    |                            | <u> </u> |  |          | L        |                |                                  |          |                           |
| 25.5 All other (b)   |              |                   |                    |                            |          |  |          |          |                |                                  |          |                           |
| 25.6 Totals (sum of Lines 25.1   | to 25.5)     |                   |                    | 0                          |          |  |          |          |                |                                  |          | 0                         |
| 26. Totals (Lines 24 + 24.1 +  |              |                   | ,                  | 4,044,594                  |          |  | 57,599   | <u> </u> |                |                                  | 73,280   | 3,812,082                 |
| (b) For health business on indi  | cated lines  | report: Number of | ot persons i       | nsured unde                | er PPC   | managed                                      | d care p | products |                | 0 and                            | number o | t persons                 |

LS206.HI

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

| DIRECT BUSINESS IN THE<br>NAIC Group Code 4667  | STATE C                 | F Idaho          |  | LI                           | FE I     | NSUR                       | ANCE          | E        |                 |               |               | YEAR 2017<br>Code 12575 |
|---|-------------------------|------------------|--|------------------------------|----------|----------------------------|---------------|----------|-----------------|---------------|---------------|-------------------------|
|   | PREMIUMS                |                  |  | 1                            |          | 2                          |               |          | 3               | 4             | Company       | 5                       |
| AND ANNUITY   |                         |                  | Ordi   | inary                        |          | dit Life (G<br>nd Individu |               | Gr       | roup            | Industria     | ı             | Total                   |
| Life insurance  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| Annuity considerations     Deposit-type contract fun                                    |                         |                  |  |                              |          | XXX                        |               |          |                 | XXX           |               |                         |
| Other considerations  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| <ol><li>Totals (Sum of Lines 1 to</li></ol>   | 4)                      |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| DIRECT DIVIDENDS  | TO POLIC                | YHOLDERS         |  |                              |          |                            |               |          |                 |               |               |                         |
| Life insurance:<br>6.1 Paid in cash or left or  | denosit                 |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 6.2 Applied to pay renewa   | al premiums             | ;                |  |                              |          |                            |               |          |                 |               |               |                         |
| 6.3 Applied to provide pa   |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| the endowment or pr<br>6.4 Other  | emum-payı               | ng penod         |  |                              |          |                            |               |          |                 |               |               |                         |
| 6.5 Totals (sum of Line 6   |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| Annuities: 7.1 Paid in cash or left or  | donocit                 |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 7.1 Faid in cash of left of 7.2 Applied to provide pa                                   |                         |                  |  |                              |          |                            |               |          |                 | +             |               |                         |
| 7.3 Other   |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 7.4 Totals (sum of Lines  | ,                       |                  | <b>\</b>   |                              |          |                            |               |          | ·               |               |               |                         |
| 8. Grand Totals (Lines 6.5 p  |                         | FITS PAID        | <del>-                                      </del> |                              |          | -11                        | H             |          |                 | +             |               |                         |
| 9. Death benefits   |                         |                  |  |                              |          | <u> </u>                   |               |          |                 |               |               |                         |
| 10. Matured endowments  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 11. Annuity benefits      12. Surrender values and wit                                  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 13. Aggregate write-ins for m   |                         |                  |  |                              |          |                            |               | †        |                 | †             |               |                         |
|   |                         |                  |  |                              |          |                            |               |          |                 | -             |               |                         |
| <ul><li>14. All other benefits, except</li><li>15. Totals</li></ul>                     | accident an             | u nediln         |  |                              |          |                            |               | <b></b>  |                 | †             |               |                         |
| DETAILS OF WRITE-INS  | _                       |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 1301.   |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 1302<br>1303  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 1398. Summary of Line 13 from   | overflow pa             |                  |  |                              |          |                            |               |          |                 | -             |               |                         |
| 1399. Totals (Lines 1301 thru 1   | 303 plus 13             | 98) (Line 13     |  |                              |          |                            |               |          |                 |               |               |                         |
| above)  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
|   |                         | Ordinary         |  | Credit Life<br>o and Individ | lual)    |                            | Group         | n        | 1               | ndustrial     |               | Total                   |
| DIRECT DEATH  | 1                       | 2                | 3  | 4                            |          | 5                          |               | 6        | 7               | 8             | 9             | 10                      |
| BENEFITS AND MATURED  |                         |                  | No. of<br>Ind.Pols.                                |                              |          |                            |               |          |                 |               |               |                         |
| ENDOWMENTS  |                         |                  | & Gr.  |                              |          | No. of                     |               |          |                 |               |               |                         |
| INCURRED  16. Unpaid December 31, prior   | No.                     | Amount           | Certifs.   | Amour                        | nt       | Certifs.                   | Α             | mount    | No.             | Amount        | No.           | Amount                  |
| year  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 17. Incurred during current year  | •                       |                  |  |                              |          |                            |               |          |                 |               | -             |                         |
| Settled during current year: 18.1 By payment in full                                    |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 18.2 By payment on  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| compromised claims<br>18.3 Totals paid  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 18.4 Reduction by   |                         | _                | _  |                              |          | _                          |               |          |                 |               |               |                         |
| compromise<br>18.5 Amount rejected  |                         |                  | <b>\</b>   |                              |          | +                          |               |          |                 |               |               |                         |
| 18.6 Total settlements  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 19. Unpaid Dec. 31, current   |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| year (16+17-18.6)   |                         |                  | - 1  |                              |          | . of                       |               |          |                 |               |               |                         |
| POLICY EXHIBIT  |                         | _                |  |                              |          | Policies                   |               |          |                 |               |               |                         |
| 20. In force December 31, prior year  |                         |                  |  | (a)                          |          |                            |               |          |                 |               |               |                         |
| 21. Issued during year  |                         |                  |  | ,                            |          | ļ                          |               |          |                 |               |               |                         |
| 22. Other changes to in force (Net)   |                         |                  |  |                              |          |                            |               |          |                 |               | 1             |                         |
| 23. In force December 31 of   |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| current year (a) Includes Individual Credit Life  | Incurance r             | rior year \$     |  | (a), c                       | urrant   | vear \$                    |               |          |                 |               |               |                         |
| Includes Group Credit Life Ins  |                         |                  |  |                              |          |                            |               |          |                 | rrent year \$ |               |                         |
| Loans greater than 60 months  | s at issue Bl           | JT NOT GREATE    | ER THAN 1  | 20 MONTHS                    | S, prior | year \$                    |               |          | , CL            | rrent year \$ |               |                         |
|   |                         |                  | CCIDE  | NT AND                       | HE/      | <u> LTH II</u>             | <u>NS</u> UF  | RANCE    |                 |               |               |                         |
|   |                         |                  |  | 1                            |          | 2                          |               |          | 3<br>ds Paid Or | 4             |               | 5                       |
|   |                         |                  |  |                              | Dir      | ect Premi                  | ums           |          | On Direct       |               |               | Direct Losses           |
| 24 Group Policies (b)   |                         |                  | Direct P   | remiums                      |          | Earned                     |               | Bus      | siness          | Direct Losses | Paid          | Incurred                |
| 24. Group Policies (b)  |                         |                  |  |                              |          |                            |               | <u> </u> |                 |               | ····          |                         |
| premium (b)   |                         |                  |  |                              | <b>.</b> |                            |               | ļ        |                 | .             |               |                         |
| <ul><li>24.2 Credit (Group and Individ</li><li>24.3 Collectively renewable po</li></ul> |                         |                  |  |                              |          |                            |               | <u></u>  |                 |               |               |                         |
| 24.4 Medicare Title XVIII exem  |                         |                  |  | 16, 188, 171                 |          | 15,87                      | 75,564        |          | 0               | 12,7          | 26,926        | 11,631,225              |
| Other Individual Policies:  |                         |                  |  |                              |          | ,                          |               |          |                 |               | [             | , , , ==                |
| 25.1 Non-cancelable (b)   |                         |                  |  |                              |          |                            |               |          |                 |               | ·····         |                         |
| 25.2 Guaranteed renewable (c  | *                       |                  |  |                              | L        |                            |               | <u></u>  |                 |               | ·····         |                         |
| 25.4 Other accident only  |                         |                  |  |                              |          |                            |               |          |                 |               |               |                         |
| 25.5 All other (b)  |                         |                  |  |                              |          |                            |               | ļ        |                 |               | }             |                         |
| 25.6 Totals (sum of Lines 25.1<br>26. Totals (Lines 24 + 24.1 +                         | 10 25.5)<br>24.2 + 24.3 | 1 + 24.4 + 25.6) |  | 0<br>16 , 188 , 171          | l        | 15.87                      | 0<br>75 . 564 | <b></b>  | 0<br>0          |               | 0  <br>26,926 | 0                       |
| (b) For health business on inc  |                         |                  |  | , ,                          | er PPC   |                            | - , -         |          |                 |               |               |                         |
| incured under indemnity of  |                         |                  |  |                              |          | a.iagut                    | . Jaio þ      |          |                 | unc           |               |                         |

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insured under indemnity only products



| DIRECT BUSINESS IN THE NAIC Group Code 4667  | STATE C     | F Illinois       |              | LI          | FE II    | NSURA            | ANCE              | <b>.</b> |                 |                |            | YEAR 2017<br>by Code 12575 |
|--|-------------|------------------|--------------|-------------|----------|------------------|-------------------|----------|-----------------|----------------|------------|----------------------------|
| ·  | PREMIUMS    |                  |              | 1           |          | 2<br>dit Life (G |                   |          | 3               | 4              | Compan     | 5                          |
| AND ANNUITY O  | CONSIDER    | ATIONS           | Ordi         | nary        |          | nd Individu      |                   | Gr       | oup             | Industria      | al         | Total                      |
| Life insurance      Annuity considerations   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| Deposit-type contract func   |             |                  |              |             |          | XXX              |                   |          |                 | XXX            |            |                            |
| Other considerations   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 5. Totals (Sum of Lines 1 to   |             | VIIOI DEDO       |              |             |          |                  |                   |          |                 |                |            |                            |
| DIRECT DIVIDENDS Life insurance:   | TO POLIC    | YHOLDERS         |              |             |          |                  |                   |          |                 |                |            |                            |
| 6.1 Paid in cash or left on  | deposit     |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 6.2 Applied to pay renewa  | ıl premiums | ·                |              |             |          |                  |                   |          |                 |                |            |                            |
| 6.3 Applied to provide paid<br>the endowment or pre                                    |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 6.4 Other  | ennum-payı  | ing period       |              |             |          |                  |                   |          |                 |                |            |                            |
| 6.5 Totals (sum of Line 6.   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| Annuities:   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 7.1 Paid in cash or left on 7.2 Applied to provide paid                                | •           |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 7.3 Other  |             |                  | \ <b>I</b>   |             |          |                  |                   |          |                 |                |            |                            |
| 7.4 Totals (sum of Lines 7   | ,           |                  | <b></b>      |             |          |                  |                   |          |                 |                |            |                            |
| 8. Grand Totals (Lines 6.5 pt  |             | EITE BAID        | <b>₩</b>     |             | ₽        | -11              | +                 |          |                 |                |            |                            |
| 9. Death benefits  |             |                  | 74           |             |          | <b>II</b> 7      |                   |          |                 |                |            |                            |
| 10. Matured endowments   |             |                  |              |             |          |                  | V                 |          |                 |                |            |                            |
| 11. Annuity benefits   |             | i i              |              |             |          |                  |                   |          |                 |                |            |                            |
| <ul><li>12. Surrender values and with</li><li>13. Aggregate write-ins for mi</li></ul> |             | i i              |              |             |          |                  |                   |          |                 |                |            |                            |
| and benefits paid  |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 14. All other benefits, except a   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 15. Totals  DETAILS OF WRITE-INS   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 1301.  |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 1302.  |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 1303   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 1398. Summary of Line 13 from 1399. Totals (Lines 1301 thru 13                         |             | •                |              |             |          |                  |                   |          |                 |                |            |                            |
| above)   | oos pius 13 | 90) (Line 13     |              |             |          |                  |                   |          |                 |                |            |                            |
|  |             |                  |              | Credit Life |          |                  |                   |          |                 |                |            |                            |
|  |             | Ordinary         | (Group       | and Individ | ual)     |                  | Group             |          |                 | ndustrial      |            | Total                      |
| DIRECT DEATH<br>BENEFITS AND   | 1           | 2                | 3<br>No. of  | 4           |          | 5                |                   | 6        | 7               | 8              | 9          | 10                         |
| MATURED  |             |                  | Ind.Pols.    |             |          |                  |                   |          |                 |                |            |                            |
| ENDOWMENTS<br>INCURRED   | No          | Amount           | & Gr.        | A           |          | No. of           |                   |          | No              | A ma a cont    | No         | Amazunt                    |
| 16. Unpaid December 31, prior  | No.         | Amount           | Certifs.     | Amour       | 1[       | Certifs.         | A                 | mount    | No.             | Amount         | No.        | Amount                     |
| year   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 17. Incurred during current year Settled during current year:                          |             |                  |              |             |          | <del> </del>     |                   |          | +               |                |            |                            |
| 18.1 By payment in full  |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 18.2 By payment on   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| compromised claims .<br>18.3 Totals paid   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 18.4 Reduction by  |             | _                |              |             | _        | _                |                   |          |                 |                |            |                            |
| compromise<br>18.5 Amount rejected   |             |                  | ·            |             |          | +-               |                   |          |                 |                |            |                            |
| 18.6 Total settlements   |             | ······           |              |             | <b>H</b> |                  |                   |          |                 |                | -          |                            |
| 19. Unpaid Dec. 31, current  |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| year (16+17-18.6)  |             |                  |              |             |          | of               |                   |          |                 |                |            |                            |
| POLICY EXHIBIT   |             |                  |              |             |          | Policies         |                   |          |                 |                |            |                            |
| 20. In force December 31, prior  |             |                  |              | ( )         |          |                  |                   |          |                 |                |            |                            |
| year21. Issued during year   |             |                  |              | (a)         |          | †                |                   |          | <del> </del>    |                | +          |                            |
| 22. Other changes to in force  |             |                  |              |             |          | T                |                   |          |                 |                |            |                            |
| (Net)23. In force December 31 of   | <del></del> |                  |              |             |          | <del> </del>     |                   |          | +               |                |            |                            |
| current year   |             |                  |              | (a)         |          |                  |                   |          |                 |                |            |                            |
| (a) Includes Individual Credit Life  |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| Includes Group Credit Life Inst  |             |                  |              |             |          |                  |                   |          |                 | ,              |            |                            |
| Loans greater than 60 months   | at issue Bi |                  |              |             |          | •                |                   |          | , Cl            | ırrent year \$ |            |                            |
|  |             | Δ                |              | NT AND      | HEA      |                  | <b>NSUF</b>       |          |                 | T              |            |                            |
|  |             |                  |              | 1           |          | 2                |                   |          | 3<br>ds Paid Or | 4              |            | 5                          |
|  |             |                  |              |             | Dire     | ect Premi        | ums               |          | On Direct       |                |            | Direct Losses              |
| 24 Crown Delicies (b)  |             |                  | Direct P     | remiums     |          | Earned           |                   | Bus      | iness           | Direct Losses  | s Paid     | Incurred                   |
| 24. Group Policies (b)<br>24.1 Federal Employees Healtl                                |             |                  |              |             |          |                  |                   | L        |                 | -              |            |                            |
| premium (b)  |             |                  |              |             |          |                  |                   |          |                 | .              |            |                            |
| 24.2 Credit (Group and Individu  |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 24.3 Collectively renewable po<br>24.4 Medicare Title XVIII exem                       |             |                  | 1·           |             |          | 115,66           | 37 734            |          |                 | 94,6           |            |                            |
| Other Individual Policies:   | erom sta    |                  |              | 10,E-TE,UIU |          | 110,00           | ,,,o <del>T</del> |          |                 |                |            | , 100, 047, 402            |
| 25.1 Non-cancelable (b)  |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 25.2 Guaranteed renewable (b   |             |                  |              |             |          |                  |                   |          |                 | -              |            |                            |
| 25.3 Non-renewable for stated 25.4 Other accident only                                 |             |                  |              |             |          |                  |                   | l        |                 | -              |            |                            |
| 25.5 All other (b)   |             |                  |              |             |          |                  |                   |          |                 |                |            |                            |
| 25.6 Totals (sum of Lines 25.1   | to 25.5)    |                  |              | 0           |          |                  | 0                 |          |                 |                | 0          | 0                          |
| 26. Totals (Lines 24 + 24.1 +  | 24.2 + 24.3 | 3 + 24.4 + 25.6) | 1            | 10,242,619  |          | 115,66           | 67,734            |          | C               | 94,6           | 91,522     | 86,547,462                 |
| (b) For health business on indi  |             | •                | of persons i | nsured unde | r PPO    | ) managed        | d care p          | roducts  |                 | 0 and          | d number o | of persons                 |

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SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

| DIRECT PORTIONS  AND AMENITY CONSIDERATIONS  October 1. U. Its instance.  AND AMENITY CONSIDERATIONS  October 1. U. Its instance or considerations  An individual in the considerations  An individual into the 4. Design of the considerations  Totals (simulation to 14)  DIRECT CONTINUENDS TO POLICYHOLDERS  Individual into the 14 deposit of the considerations  1. Part of the considerations  1. Part of the considerations  1. Part of the considerations  1. Part of the considerations  1. Part of the considerations  1. Part of the considerations  1. Part of the considerations  1. Part of the considerations  1. Part of the consideration of the configuration of   | DIRECT BUSINESS IN THE NAIC Group Code 4667 | STATE O      | F Indiana     |             | LI                                    | FE I     | NSUR        | ANCE     | E            |             |                |          | YEAR 2017<br>Code 12575 |
|---|---|--------------|---------------|-------------|---------------------------------------|----------|-------------|----------|--------------|-------------|----------------|----------|-------------------------|
| AND AMBUITY CONSIDERATIONS  1. Dispars type contract starts  5. Depart type contract starts  5. Depart type contract starts  5. Totals (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  6. Total (Start of Liver 1 to 4)  7. Total (Start of Liver 1 to 4)  7. Total (Start of Liver 1 to 4)  7. Total (Start of Liver 1 to 4)  7. Total (Start of Liver 1 to 4)  7. Total (Start of Liver 1 to 4)  7. Total (Start of Liver 1 to 4)  7. Total (Start of Liver 1 to 4)  7. Total (Start of L  | ·   | PREMIUMS     | 3             |             |                                       |          | 2           |          |              | 3           | 1              |          |                         |
| 2. Annaly consistentions Department of the control   | AND ANNUITY O                               | ONSIDER      | ATIONS        | Ordi        | nary                                  |          |             |          | Gr           | oup         | Industria      | ı        | Total                   |
| 5. TO Other considerations to 16.  5. TO Other considerations to 16.  5. TO Other considerations to 16.  6. To Other considerations to 16.  6. To Other considerations to 16.  6. To Other considerations to 16.  6. To Other considerations to 16.  6. To Other considerations to 16.  6. To Other considerations to 16.  6. A Collect.  7. Partial on cash or left on expected.  7. A special to 16.  7. Partial on cash or left on expected.  8. Other consideration.  8. Other consideration.  8. Other consideration.  9. O  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| 4. Office considerations. Takes (Burn of Liver 3 to 4) Totals (Burn of Liver 3 to 4) Totals (Burn of Liver 3 to 4) Totals (Burn of Liver 3 to 4) Totals (Burn of Liver 3 to 4) Totals (Burn of Liver 4 to 4) Totals (Burn of Liver 4 to 4) Totals (Burn of Liver 4 to 4) Totals (Burn of Liver 6 to 6.4) Totals (Burn of Liver  |   |              | r             |             |                                       |          | XXX         |          |              |             | XXX            |          |                         |
| DIFFECT DIVIDENDS TO POLICYHOLDERS  10 Final rication per latin disposal  1 Type in cast on set on disposal  1 Agriculture provide parties pro  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| Lile insurance: 6.1 Pad in cash or let on deposed: 6.2 Applied to pay removal permitants on christing the control of the page of the control   |   | ,            |               |             |                                       |          |             |          |              |             |                |          |                         |
| 6.1 Pasi in cash or let on despote. 6.2 Agrided to provide printing updatifience or shorten 6.3 Agrided to grow printed presenting. 6.3 Agrided to grow printed presenting. 6.4 Cities 6.5 Total (sum of Line 4.1 to 6.4) 6.5 Total (sum of Line 4.1 to 6.4) 6.7 Total (sum of Line 4.1 to 6.4) 6.7 Total (sum of Line 4.1 to 6.4) 6.7 Total (sum of Line 4.1 to 6.4) 6.8 Total (sum of Line 7.1 to 7.3) 6.9 Despote of Line 7.1 to 7.3 to 7.3 6.9 Despote of Line 7.1 to 7.3 to 7.3 6.0 Despote of Line 7.1 to 7.3 to 7.3 6.0 Despote of Line 7.1 to 7.3 to 7.3 6.1 Agrided to provide paid updated to 1.1 to  |   | TO POLIC     | YHOLDERS      |             |                                       |          |             |          |              |             |                |          |                         |
| 6.2 Apoiled to pay removal past up addition or shorten (6.3 Apoiled to pay removal past) up addition or shorten (6.4 Offer an application of the control of payment payment (6.4 Offer an application of the control of payment payment (6.4 Offer an application of the control of payment payment (6.4 Offer an application of the control offer an application of the control offer an application of the control offer an application of the control offer an application of the control offer an application of the control offer an application of the control offer an application of the control offer an application of the control offer an application of the control offer an application of the control offer an application of the control of the contr  |   | danaait      |               |             |                                       |          |             |          |              |             |                |          |                         |
| 6.3 Applied to provide paids and addition or shorted the entirement of premium paid period to 6.5 foolat (sum of Line 6.1 to 6.4).  6.5 foolating sum of Line 6.1 to 6.4).  6.7 Paid in ceach or ried or depreed in a committee of the committee of   |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| the femological provides part of Line 6.1 to 6.4).  Available of Line 6.1 to 6.4).  Available of Line 6.1 to 6.4).  Available of Line 6.1 to 6.4).  Available of Line 6.1 to 6.4).  Available of Line 6.1 to 6.4).  DIRECT CLAIRS AND BENETIS PAID  J. Available benefits.  J. Available presents.  J.  | ''' '                                       | •            |               |             |                                       |          |             |          |              |             |                |          |                         |
| 6.5 Totals (sum of Line 4, 10 6.4) Annullies: 7.1 Piez in casin or lot on depoting namullies: 7.2 Piez in casin or lot on depoting namullies: 7.3 Office: 7.4 Totals (sum of Line 7, 11 0.7.3) DIFECT CLAIMS AND BENEFITS PAID DIFECT CLAIMS AND BENEFITS PAID DIFECT CLAIMS AND BENEFITS PAID The contraction of the contracts of the co  | the endowment or pre                        |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| Annualise: 7.1 Pagin of to convole paid-up annualise 7.2 Applied to provide paid-up annualise 7.3 Applied to provide paid-up annualise 7.4 Applied to provide paid-up annualise 9. Death teredits 1.5 Applied to provide paid-up annualise 1.6 Stander developments 1.7 Annualise and withdrawals for life contracts 1.7 Annualise and withdrawals for life contracts 1.8 Applied to provide paid on the paid to the contracts 1.9 Applied to provide and withdrawals for life contracts 1.9 Applied to provide and withdrawals for life contracts 1.0 Stander developments 1.0 Stander developments 1.0 Contracts of Witherton 1.0 Contracts of Witherton 1.0 Contracts of Witherton 1.0 Contracts of Witherton 1.0 Contracts of the paid to the paid  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| 7.1 Paid in cash or self on depote 2.2 Applied to provide paid-up annualise 7.2 Applied to provide paid-up annualise 7.3 Offiers 7.2 Applied to provide paid-up annualise 7.3 Offiers 7.4 Totals 7.4 T  | •   | 1 to 6.4)    |               |             |                                       |          |             |          |              |             |                |          |                         |
| 7.2 Applied to provide paid by amunities 7.3 Offers and Chapt 7.1 to 7.3 8.4 (10 pis (see 1 Chapt 5 and 5 chapt 7.4) 9. Double horselfs 11. Annul penetis 12. Annul penetis 13. Annul penetis 14. An one brenders expended and windownsis for life contrades 15. Annul penetis 15. Annul penetis 16. Annul penetis 17. Annul penetis 18. Annul penetis 18. Annul penetis 19. Beneral of miscolar and health 19. Detail of miscolar and health 19. Beneral of  |   | denosit      |               |             |                                       |          |             |          |              |             |                |          |                         |
| 7.3 Cliner 17.4 Totals (sum of Lines 2.1 to 7.5) 6. Grant Totals (time d. Spute 7.4) 7.4 Totals (sum of Lines 2.1 to 7.5) 7.5 Cliner CLMIS AND DEFETTS PAID 7.5 Cliner CLMIS AND DEFETTS PAID 7.6 Cliner CLMIS PAID 7.6 Cliner CLM  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| B. Grand Totals (Lines 6.5 plus 7.4)  DIRECT CEATHS AND ENVETTERS AND  MATURES AND   |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| DIRECT DEATH ESPECTES AND MATURED ENDOWMENTS II. Spring December 31, pror Uniform Control Comments 31, pror Uniform Commen  | •   | ,            |               | <b>.</b>    |                                       |          |             |          |              |             |                |          |                         |
| 9. Death benefits 11. Annuly benefits 12. Surrector values and withdrawals for life contracts 13. Agryangets while his for insciculmous direct claims 14. All other benefits, except accident and health 15. Totals 16. Totals 17. DETAILS OF WITE-INS 18. DETAILS OF WITE-INS 18. DETAILS OF WITE-INS 18. Surrector values and which and health 15. Totals 18. Surrector values and which and health 15. Totals 18. Surrector values and which and health 15. Totals 18. Surrector values and which and health 15. Totals 18. Surrector values and health 16. Totals 18. Surrector values and health 18. Surrector values and  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| 10. Matured endowments 11. Annuity benefits, except adolered and health 12. Surrander values and withdrawals for life contracts 13. Totals  DETAILS OF WHITE-INS 1501.  1302.  DIRECT DEATH 1 2 3 3 4 5 5 0 6 7 8 9 9 10 0  DIRECT DEATH 1 2 3 3 4 5 5 0 6 7 8 9 9 10 0  DIRECT DEATH 1 2 3 4 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |   |              |               | W           |                                       |          |             |          |              |             |                |          |                         |
| 11. Annually benefits 22. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellamous direct claims and benefits paid 33. Totals by paid 35. Totals (Live 1301 firm 1305 plus 1398) (Lime 13 3502. 3503. 3504. 3509. Totals (Live 1301 firm 1305 plus 1398) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1398) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1398) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1398) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1398) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Lime 13 3509. Totals (Live 1301 firm 1305 plus 1308) (Live 1301 firm 1301 f   |   |              |               |             |                                       | <b>-</b> |             | <b>\</b> |              |             |                |          |                         |
| 12. Surreder values and windrawate for life contracts. 13. Aggregate white-less for miscellances direct claims 14. All other brownlife, except accident and health 15. DETAILS OF WRITE-INS 1502.  DETAILS OF WRITE-INS 1503.  DETAILS OF WRITE-INS 1503.  DETAILS OF WRITE-INS 1504.  DETAILS OF WRITE-INS 1505.  DET  |   |              |               | <del></del> | · · · · · · · · · · · · · · · · · · · |          | <del></del> |          |              | <del></del> | 1              |          |                         |
| and benefits paid  All other benefits, except accident and health  15. Totals  DETAILS OF WRITE-INS  DETAILS OF WRITE-INS  DETAILS OF WRITE-INS  1939. Totals (Line 15 from overflow page)  1939. Totals (Line 53 from overflow page)  1939. Totals (Line 53 from overflow page)  1939. Totals (Line 53 from overflow page)  1939. Totals (Line 53 from overflow page)  1939. Totals (Line 53 from overflow page)  1940. Amount  1  | •   |              | r i           |             |                                       |          |             |          |              |             |                |          |                         |
| 14. All other benefits, except accident and health  15. Totals  DETAILS OF WRITE-INS  101.  10302.  10303. Summary of Line 13 from everflow page.  10309. Totals (Lines 1301 thru 1303 plus 1388) (Line 13 above)  DIRECT DEATH  BENEFITS AND  MATURED  No. Amount  Certific  No. of Ind-Policis  NOURRED  No. Amount  Certific  Amount  No. Amount  N  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| DETAILS OF WRITE-INS  301.  302.  303.  304.  305.  306.  307.  308. Summary of Line 13 from overflow page 308. Summary of Line 13 from overflow page 308.  309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 shows) 308.  309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 shows) 308.  309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 shows) 309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 shows) 309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 shows) 309. Total BRINFITS AND 300.  3  |   |              |               |             |                                       |          |             |          | <del> </del> |             |                |          |                         |
| DECT DEATH OF CHIEF 13 from overflow page 1309. 309. 309. 309. 309. 309. 309. 309.  |   | accident and | u 116aill     |             |                                       |          |             |          | <b></b>      |             |                |          |                         |
| 1301   1302   1308   |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| 1302   1303   1308   1309   | 1301.                                       |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| 1939   Totals (Lines 130) thru 1303 plus 1398) (Line 13 above)  | 1302.                                       |              |               |             |                                       |          |             |          | ļ            |             |                |          |                         |
| 1399, Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)   Crodit Life   September 13 prior   Crodit Life   September 13 prior   Condit Life   September 13 prior   Septem  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| DIRECT DEATH   Service   Condition   Continue   Conti  | -   |              | •             |             |                                       |          |             |          |              |             |                |          |                         |
| DIRECT DEATH BENETTS AND MATURED ENDOWMENTS NO. Amount 1 2 No. of 4 5 6 7 8 9 10  Industrial 1 2 No. of 4 5 6 7 8 9 10  Ind. Polis.  Ind. Polis.  Amount No. Amount N  | •   | ous pius is: | 96) (Lille 13 |             |                                       |          |             |          |              |             |                |          |                         |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS AND MATURED ENDOWMENTS AND MATURED SHOOWMENT  | ·   |              |               |             | Cradit Lifa                           |          |             |          |              |             |                |          |                         |
| DIRECT DEATH   1   2   3   4   5   6   7   8   9   10   |   |              | Ordinary      |             |                                       | lual)    |             | Group    | D            |             | Industrial     |          | Total                   |
| MATURED ENDOWMENTS INCURRED No. Amount Certifs. Amount No. Amount   | _   |              |               | _           | 4                                     |          | 5           |          |              |             |                | 9        |                         |
| ENDOWNENTS INCURRED No. Amount Certifs. Amount No. of Certifs. Amount No. of Certifs. Amount No. Am  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| Incured during very year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during current year   Settled during year   Settled y  |   |              |               |             |                                       |          | No. of      |          |              |             |                |          |                         |
| year  1. Incured during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during year Settled Settlements S  |   | No.          | Amount        |             | Amour                                 | nt       |             | Α        | mount        | No.         | Amount         | No.      | Amount                  |
| 17. Incurred during current year  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| Settled during current year:  18.1 8 to payment in full  18.2 By payment in full  18.2 By payment on componed claims  18.3 Totals paid  18.4 Reduction by  Componed claims  18.5 Total settlements  19. Unpaid Dec. 31, current  year (18-17-18-6)  POLICY EXHIBIT  20. In force December 31, prior  year  21. Issued during year  22. Other changes to in force  (Net)  3. In force December 31 of  current years  Includes Group Credit Life Insurance prior year \$  includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$  includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$  includes Group Policies (b)  Direct Premiums  Direct Premiums  Earned  ACCIDENT AND HEALTH INSURANCE  1 2 Dividends Paid Or Credited On Direct  Business  Direct Losses Paid  Direct Losses Paid  Direct Losses Paid  Direct Losses Paid  Direct Losses Paid  Direct Losses Paid  Direct Losses Paid  Direct Losses Paid  Direct Losses Paid  Direct Losses Paid  Direct Premiums  24. Group Policies (b)  24. Credit (Group and Individual)  24.3 Collectively renewable policies (b)  24.4 Medicare Title XVIII exempt from state taxes or fees  Other Individual Policies:  25.1 Non-renewable for stated reasons only (b)  25.2 Quaranteed renewable (b)  25.3 Non-renewable for stated reasons only (b)  25.5 Non-renewable for Stated reasons only (b)  25.5 A Other accident only  25.5 A Il other (b)  25.5 Totals (sun of Lines 25.1 to 25.5)  0 0 0 0 0 0 0 0 0   |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromised claims 18.5 Amount rejected 18.6 Amount rejected 18.6 Total settlements 19. Urpaid Dec, 31, current year (18-17-18.6) Policies 19. Urpaid Dec, 31, current year (18-17-18.6) Policies 20. In force December 31, prior year 20. Under changes to in force (20. Un  | ,   |              |               |             |                                       |          | 1           |          |              |             |                |          |                         |
| compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 24. Group Policies (b) 24. Group Policies (b) 24. Group Policies (b) 24. Credit (Group and Individual) 24. Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24. Credit (Group and Individual) 24.3 Collectively renewable policies (b) 25.5 Alor renewable for stated reasons only (b) 25.5 All other (b) 25.5 Totals (sum of Lines 25, 1 o 25,5)  0 0 0 0 0  |   | ·            |               |             |                                       |          |             |          |              |             |                |          |                         |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31. current year (18-17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 32. In force December 31 of current year 3 includes Individual Credit Life Insurance prior year \$ includes Group Credit Life Insurance prior year \$ includes Group Credit Life Insurance prior year \$ includes Group Credit Life Insurance prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Group Credit Life Insurance Prior year \$ includes Individual Credit Life Insurance Prior year \$ includes Individual Credit Life Insurance Prior year \$ includes Individual Credit Life Insurance Prior year \$ includes Individual Credit Life Insurance Prior year \$ includes Individual Prior year  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec: 31, current year (16-17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 19. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 3 includes Individual Credit Life Insurance prior year \$ current |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 24. In force December 31 of current year 25. Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Current year \$ C             | · · · · · · · · · · · · · · · · · · ·       |              |               |             |                                       |          | <b>†</b>    |          |              | †           |                |          |                         |
| 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) a) includes Individual Credit Life Insurance prior year \$   | compromise                                  |              |               | \           |                                       |          |             |          |              | <b></b>     |                |          |                         |
| 19. Unpaid Dec. 31, current year (16+17-18-6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year   |   |              |               | <b>\</b>    | -                                     |          |             |          |              |             |                | -        |                         |
| Policies     |   |              |               |             |                                       |          | +           |          |              |             |                |          |                         |
| POLICY EXHIBIT   20. In force December 31, prior   year   21. Issued during year   22. Other changes to in force (Net)   23. In force December 31 of current year   26. Other changes to in force (Net)   26. In force December 31 of current year   27. Includes Group Credit Life Insurance prior year \$   (a)   27. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$   (a)   27. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$   (a)   28. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$   (a)  | •   |              |               | 74          |                                       |          |             | М        |              |             |                |          |                         |
| 20. In force December 31, prior year   (a)  |   |              |               |             |                                       |          | . of        |          |              |             |                |          |                         |
| year  |   |              |               | _           |                                       |          | Policies    |          |              |             |                |          |                         |
| 21.   Issued during year   22. Other changes to in force (Net)   23. In force December 31 of current year \$   (a)  |   |              |               |             | (a)                                   |          |             |          |              |             |                |          |                         |
| (Net)   | 21. Issued during year                      |              |               |             |                                       |          | ļ           |          |              |             |                |          |                         |
| 23. In force December 31 of   |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| Current year   (a)  |   | <del> </del> |               |             |                                       |          | <b>†</b>    | <b> </b> |              | †           |                | <b>†</b> |                         |
| Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$  |   |              |               |             | (a)                                   |          |             |          |              |             |                | <u> </u> |                         |
| Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  | •   |              | •             |             |                                       |          |             |          |              |             |                |          |                         |
| ACCIDENT AND HEALTH INSURANCE   1   | •   |              |               | •           |                                       |          |             |          |              |             | •              |          |                         |
| 1   | Loans greater than 60 months                | at issue Bl  | JI NOI GREATE | H IHAN 1    | 20 MONTHS                             | s, prior | year \$     |          |              | , CI        | urrent year \$ |          |                         |
| 1   |   |              | A             | CCIDE       | NT AND                                | HEA      | ALTH II     | NSUF     | RANCE        |             |                |          |                         |
| Direct Premiums Earned Direct Premiums Earned Direct Losses Paid Direc  |   |              |               |             |                                       |          |             |          |              |             | 4              |          | 5                       |
| Direct Premiums   Earned   Business   Direct Losses Paid   Incurred   |   |              |               |             |                                       | Di-      | act Promi-  | ıme      |              |             |                |          | Direct Lossos           |
| 24. Group Policies (b)  |   |              |               | Direct P    | remiums                               | יווט     |             | uiilo    |              |             |                | Paid     |                         |
| premium (b)   | 24. Group Policies (b)                      |              |               | 000.1       |                                       |          |             |          | 203          |             |                |          |                         |
| 24.2 Credit (Group and Individual)  |   |              |               |             |                                       |          |             |          |              |             |                |          |                         |
| 24.3 Collectively renewable policies (b)       24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:       72,463,652       78,074,871       0       71,375,623       65,230,0000000000000000000000000000000000  |   |              |               |             |                                       |          |             |          | <b></b>      |             |                | ·····    |                         |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:       72,463,652       78,074,871       0       71,375,623       65,230,0000000000000000000000000000000000   |   |              |               |             |                                       |          |             |          | <u> </u>     |             | -              |          |                         |
| Other Individual Policies:  25.1 Non-cancelable (b)   |   |              |               |             |                                       |          | 78.07       | 74,871   |              | (           | 71 3           | 75,623   | 65,230,027              |
| 25.2 Guaranteed renewable (b)   |   |              |               |             | , -,                                  |          | 5, 5,       | ,        |              |             | .,,0           | , -      | ,-50,021                |
| 25.3 Non-renewable for stated reasons only (b)  | * *   |              | i i           |             |                                       |          |             |          |              |             |                |          |                         |
| 25.4 Other accident only  |   | •            |               |             |                                       |          |             |          | <b>}</b>     |             |                |          |                         |
| 25.5 All other (b)  |   |              | , , ,         |             |                                       |          |             |          | <b></b>      |             | -              | ·····    |                         |
| 25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0   |   |              |               |             |                                       |          |             |          | <b></b>      |             |                | ·····    |                         |
|   |   |              |               |             |                                       |          |             |          | <b></b>      |             |                | ·····    |                         |
|   |   |              |               |             |                                       |          |             |          | <b> </b>     |             |                |          | 65,230,027              |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products  |   |              |               |             |                                       | er PPC   | ,           |          | oroducts     |             | , .            |          |                         |

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insured under indemnity only products



| DIRECT BUSINESS IN THE NAIC Group Code 4667  | STATE O                | F Iowa          |                   | LI                          | FE II    | NSUR <i>A</i>      | ANCE     | E            |              | _             |              | /EAR 2017<br>/ Code 12575 |
|--|------------------------|-----------------|-------------------|-----------------------------|----------|--------------------|----------|--------------|--------------|---------------|--------------|---------------------------|
| ·  | PREMIUMS               | 3               |                   | 1                           |          | 2<br>dit Life (Gı  |          |              | 3            | 4             |              | 5                         |
| AND ANNUITY O  |                        |                 | Ordi              | inary                       | an       | nd Individu        | al)      | Gr           | oup          | Industria     | ı            | Total                     |
| <ol> <li>Life insurance</li> <li>Annuity considerations</li> </ol>   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| Deposit-type contract func   |                        |                 |                   |                             |          | XXX                |          |              |              | XXX           |              |                           |
| Other considerations   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 5. Totals (Sum of Lines 1 to   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| DIRECT DIVIDENDS   | TO POLIC               | YHOLDERS        |                   |                             |          |                    |          |              |              |               |              |                           |
| Life insurance:  |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| <ul><li>6.1 Paid in cash or left on</li><li>6.2 Applied to pay renewa</li></ul>  | deposit                |                 |                   |                             |          |                    |          |              |              | -             |              |                           |
| 6.2 Applied to pay renewa  |                        |                 |                   |                             |          |                    |          |              |              | -             |              |                           |
| the endowment or pre   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 6.4 Other  |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 6.5 Totals (sum of Line 6.   | 1 to 6.4)              |                 |                   |                             |          |                    |          |              |              | -             |              |                           |
| Annuities:   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| <ul><li>7.1 Paid in cash or left on</li><li>7.2 Applied to provide paid</li></ul>  |                        |                 |                   |                             |          |                    |          |              |              | -             |              |                           |
| 7.2 Applied to provide pair 7.3 Other  |                        |                 |                   |                             |          |                    |          |              |              | -             |              |                           |
| 7.4 Totals (sum of Lines 7   | .1 to 7.3)             |                 | <b>\</b>          |                             |          |                    |          |              |              |               |              |                           |
| 8. Grand Totals (Lines 6.5 pl  |                        |                 |                   |                             |          |                    |          |              |              | <u> </u>      |              |                           |
| DIRECT CLAIMS A  | ND BENER               | FITS PAID       | <b>**</b>         |                             |          |                    |          |              |              |               |              |                           |
| 9. Death benefits  |                        |                 |                   |                             |          |                    |          |              |              | <u> </u>      |              |                           |
| 10. Matured endowments   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 11. Annuity benefits   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 12. Surrender values and with  |                        |                 | l<br>             |                             |          |                    |          | <del> </del> |              |               |              |                           |
| <ol> <li>Aggregate write-ins for mi<br/>and benefits paid</li> </ol>   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 14. All other benefits, except a   |                        |                 |                   |                             |          |                    |          |              |              |               | <u></u>      |                           |
| 15. Totals   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| DETAILS OF WRITE-INS   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 1301.  |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 1302.  |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 1303.  |                        |                 |                   |                             |          |                    |          |              |              | +             |              |                           |
| 1398. Summary of Line 13 from 1399. Totals (Lines 1301 thru 13   |                        | •               |                   |                             |          |                    |          |              |              |               |              |                           |
| above)   | ioo pius To            | 90) (Line 13    |                   |                             |          |                    |          |              |              |               |              |                           |
| •  |                        |                 |                   | Credit Life                 |          |                    |          |              |              |               |              |                           |
|  |                        | Ordinary        |                   | orean Life<br>p and Individ | ual)     |                    | Group    | n            | lr           | ndustrial     |              | Total                     |
| DIRECT DEATH   | 1                      | 2               | 3                 | 4                           | uuij     | 5                  | Circup   | 6            | 7            | 8             | 9            | 10                        |
| BENEFITS AND   |                        |                 | No. of            |                             |          |                    |          |              |              |               |              |                           |
| MATURED  |                        |                 | Ind.Pols.         |                             |          |                    |          |              |              |               |              |                           |
| ENDOWMENTS<br>INCURRED   | No.                    | Amount          | & Gr.<br>Certifs. | Amoun                       | nt       | No. of<br>Certifs. | Δ        | mount        | No.          | Amount        | No.          | Amount                    |
| 16. Unpaid December 31, prior  | 140.                   | Amount          | OCITIIS.          | 7111001                     |          | OCITIIS.           | 7.0      | inount       | 140.         | Amount        | 140.         | Amount                    |
| year   |                        |                 |                   |                             |          |                    | ļ        |              |              |               |              |                           |
| 17. Incurred during current year   |                        |                 |                   |                             |          | <b></b>            | <b></b>  |              | <b></b>      |               |              |                           |
| Settled during current year:   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 18.1 By payment in full  | *                      |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| compromised claims .   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 18.3 Totals paid   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 18.4 Reduction by  |                        |                 |                   |                             |          | _                  | _        |              |              |               |              |                           |
| compromise<br>18.5 Amount rejected   |                        |                 | <b>\</b>          |                             | <b></b>  |                    |          |              |              |               |              |                           |
| 18.6 Total settlements   |                        |                 | <b>\</b>          |                             |          |                    |          |              |              |               |              |                           |
| 19. Unpaid Dec. 31, current  |                        |                 |                   |                             |          |                    | <u> </u> |              |              |               |              |                           |
| year (16+17-18.6)  |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
|  |                        |                 |                   |                             |          | . of               |          |              |              |               |              |                           |
| POLICY EXHIBIT   |                        |                 |                   |                             |          | Policies           | ļ        |              |              |               |              |                           |
| <ol><li>In force December 31, prior year</li></ol>   |                        |                 |                   | (a)                         |          | <u> </u>           |          |              |              |               |              |                           |
| 21. Issued during year   |                        |                 |                   | ,                           |          |                    | ļ        |              | 1            |               |              |                           |
| 22. Other changes to in force  |                        |                 |                   |                             |          |                    | 1        |              |              |               |              |                           |
| (Net)23. In force December 31 of   | <del> </del>           |                 |                   | <del> </del>                |          | <del> </del>       | ····     |              | <del> </del> |               | <del> </del> |                           |
| 23. In force December 31 of current year   |                        |                 |                   | (a)                         |          |                    | 1        |              |              |               |              |                           |
| a) Includes Individual Credit Life   | nsurance p             | rior year \$    |                   | , C                         | urrent   | year \$            |          |              |              |               |              | <u>.</u>                  |
| Includes Group Credit Life Insi  |                        | •               |                   |                             |          | •                  |          |              |              | rrent year \$ |              |                           |
| Loans greater than 60 months   | at issue Bl            | JT NOT GREATE   | ER THAN 1         | 20 MONTHS                   | 6, prior | year \$            |          |              | , cu         | rrent year \$ |              |                           |
|  |                        | ^               | CCIDE             | NT AND                      | HE V     | I TH IN            | NSI IE   | SANCE        |              |               |              |                           |
|  |                        |                 |                   | 1 AND                       |          | 2                  | 1001     |              | 3            | 4             | 1            | 5                         |
|  |                        |                 |                   | •                           |          |                    |          | Dividend     | ls Paid Or   | 1             |              | -                         |
|  |                        |                 |                   |                             | Dire     | ect Premiu         | ums      |              | On Direct    | ]             |              | Direct Losses             |
| 24 Group Policies /L\  |                        |                 | Direct P          | remiums                     |          | Earned             |          | Bus          | iness        | Direct Losses | Paid         | Incurred                  |
| <ul><li>24. Group Policies (b)</li><li>24.1 Federal Employees Health</li></ul>   | n Renefite =           | Plan            |                   |                             |          |                    |          | <b> </b>     |              | <u> </u>      |              |                           |
| premium (b)  |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 24.2 Credit (Group and Individu  | ual)                   |                 |                   |                             |          |                    |          | ļ            |              | ļ             |              |                           |
| 24.3 Collectively renewable po   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 24.4 Medicare Title XVIII exem   | pt from stat           | e taxes or fees |                   | 46,124,064                  |          | 47,25              | 5,805    | <b>}</b>     | 0            | 40,6          | 37, 169      | 37, 133, 723              |
| Other Individual Policies:   |                        |                 |                   |                             |          |                    |          |              |              | 1             |              |                           |
| OF 1 Non compolable (b)  |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| 25.1 Non-cancelable (b)  | ١                      |                 |                   |                             |          |                    |          | ·            |              | <u> </u>      |              |                           |
| 25.2 Guaranteed renewable (b   |                        |                 |                   |                             |          |                    |          |              |              |               |              |                           |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li></ul>   | reasons on             | ly (b)          |                   |                             |          |                    |          |              |              |               |              |                           |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li><li>25.4 Other accident only</li></ul>                            | reasons on             | ly (b)          |                   |                             |          |                    |          |              |              |               |              |                           |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li><li>25.4 Other accident only</li><li>25.5 All other (b)</li></ul> | reasons on             | ly (b)          |                   |                             |          |                    |          |              |              |               | 0            |                           |
| <ul><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li><li>25.4 Other accident only</li></ul>                            | reasons on<br>to 25.5) | ly (b)          |                   |                             |          |                    |          |              | 0            |               | 0            |                           |

insured under indemnity only products ......0 .



SUPPLEMENT FOR THE YEAR 2017 OF THE Silver Script Insurance

| DIRECT BUSINESS IN THE S<br>NAIC Group Code 4667   | STATE OF Kansas  | LI                       | FE INSURAN              | CE                 |                        | HE YEAR 2017<br>Dany Code 12575 |
|--|--|--------------------------|-------------------------|--------------------|------------------------|---------------------------------|
| DIRECT P   | PREMIUMS   | 1                        | 2<br>Credit Life (Group | 3                  | 4                      | 5                               |
| AND ANNUITY C  | ONSIDERATIONS  | Ordinary                 | and Individual)         | Group              | Industrial             | Total                           |
| Life insurance     Annuity considerations  |  |                          |                         |                    |                        |                                 |
| <ol><li>Deposit-type contract fund</li></ol>   | s  |                          |                         |                    | xxx                    |                                 |
| 4. Other considerations  |  |                          |                         |                    |                        |                                 |
| 5. Totals (Sum of Lines 1 to 4   | TO POLICYHOLDERS   |                          |                         |                    |                        |                                 |
| Life insurance:  | TO FOLIO INOLDENS  |                          |                         |                    |                        |                                 |
| 6.1 Paid in cash or left on  | deposit  |                          |                         |                    |                        |                                 |
|  | l premiums   |                          |                         |                    |                        |                                 |
| 6.3 Applied to provide paid<br>the endowment or pre  | mium-paying period                                       |                          |                         |                    |                        |                                 |
| 6.4 Other  |  |                          |                         |                    |                        |                                 |
|  | I to 6.4)  |                          |                         |                    |                        |                                 |
| Annuities: 7.1 Paid in cash or left on   | deposit  |                          |                         |                    |                        |                                 |
| 7.2 Applied to provide paid  | d-up annuities   |                          |                         |                    |                        |                                 |
| 7.3 Other  |  |                          | <b></b>                 |                    |                        |                                 |
| 7.4 Totals (sum of Lines 7.8. Grand Totals (Lines 6.5 pl                                   | *  |                          |                         | ·· <del>·</del> ·· |                        |                                 |
|  | ND BENEFITS PAID   |                          |                         |                    |                        |                                 |
| 9. Death benefits  |  |                          |                         |                    |                        |                                 |
| 10. Matured endowments   |  |                          |                         |                    |                        |                                 |
| <ol> <li>Annuity benefits</li> <li>Surrender values and with</li> </ol>                    |  |                          |                         |                    |                        | -                               |
| <ol> <li>Aggregate write-ins for mis</li> </ol>  |  |                          |                         |                    |                        | <u> </u>                        |
| and benefits paid  |  |                          |                         |                    |                        | -                               |
| <ol> <li>All other benefits, except a</li> <li>Totals</li> </ol>                           | accident and health                                      |                          |                         |                    |                        | +                               |
| DETAILS OF WRITE-INS   |  |                          |                         |                    |                        |                                 |
| 1301.  |  |                          |                         |                    |                        |                                 |
| 1302.  |  |                          |                         |                    |                        | -                               |
| 1303<br>1398. Summary of Line 13 from 0  | overflow page  |                          |                         |                    |                        | -                               |
| 1399. Totals (Lines 1301 thru 13   |  |                          |                         |                    |                        |                                 |
| above)   |  |                          |                         |                    |                        |                                 |
|  |  | Credit Life              |                         |                    |                        |                                 |
| DIRECT DEATH   | Ordinary 2   | (Group and Individ       | lual) Gi                | roup 7             | Industrial<br>8        | Total<br>9 10                   |
| BENEFITS AND   | 1 2  | No. of                   |                         | 0 /                | 0   `                  | 10                              |
| MATURED<br>ENDOWMENTS  |  | Ind.Pols.                | NIf                     |                    |                        |                                 |
| INCURRED   | No. Amount   | & Gr. Certifs. Amou      | No. of Certifs.         | Amount No.         | Amount N               | o. Amount                       |
| 16. Unpaid December 31, prior  |  |                          |                         |                    |                        |                                 |
| year<br>17. Incurred during current year   |  |                          |                         |                    |                        |                                 |
| Settled during current year:   |  |                          | ·····                   |                    |                        |                                 |
| 18.1 By payment in full  |  |                          |                         |                    |                        |                                 |
| 18.2 By payment on compromised claims  |  |                          |                         |                    |                        |                                 |
| 18.3 Totals paid   |  |                          |                         |                    |                        |                                 |
| 18.4 Reduction by  |  |                          | .   <u>.</u>   _        |                    |                        |                                 |
| compromise<br>18.5 Amount rejected   |  |                          |                         |                    |                        |                                 |
| 18.6 Total settlements   |  |                          |                         |                    |                        |                                 |
| 19. Unpaid Dec. 31, current  |  |                          |                         |                    |                        |                                 |
| year (16+17-18.6)  |  |                          | of                      |                    |                        |                                 |
| POLICY EXHIBIT   |  |                          | Policies                |                    |                        |                                 |
| 20. In force December 31, prior year   |  | (a)                      |                         |                    |                        |                                 |
| 21. Issued during year   |  | ` '                      |                         |                    |                        |                                 |
| 22. Other changes to in force  |  |                          |                         |                    |                        |                                 |
| (Net)23. In force December 31 of   | <del></del>  |                          |                         |                    |                        |                                 |
| current year   |  | (a)                      |                         |                    |                        |                                 |
| (a) Includes Individual Credit Life I  |  | , (                      |                         |                    |                        |                                 |
| Includes Group Credit Life Insu<br>Loans greater than 60 months                            |  | •                        |                         | , CI               | •                      |                                 |
| Loans greater than oo months   |  |                          |                         |                    | urrent year \( \psi \) |                                 |
|  |  | ACCIDENT AND             | HEALTH INS              | URANCE 3           | 4                      | 5                               |
|  |  |                          | 2                       | Dividends Paid Or  | 4                      | 5                               |
|  |  | D: . D .                 | Direct Premiums         |                    |                        | Direct Losses                   |
| 24. Group Policies (b)   |  | Direct Premiums          | Earned                  | Business           | Direct Losses Paid     | Incurred                        |
| 24.1 Federal Employees Health  |  |                          |                         |                    |                        |                                 |
| premium (b)  |  |                          |                         |                    |                        | -                               |
| <ul><li>24.2 Credit (Group and Individu</li><li>24.3 Collectively renewable poli</li></ul> | *  |                          |                         |                    |                        |                                 |
| 24.4 Medicare Title XVIII exemp  |  | 40,839,756               | 42,678,9                |                    |                        |                                 |
| Other Individual Policies:   |  | , ,                      |                         |                    |                        | ,,                              |
| 25.1 Non-cancelable (b)  |  |                          |                         |                    |                        |                                 |
| <ul><li>25.2 Guaranteed renewable (b)</li><li>25.3 Non-renewable for stated in</li></ul>   |  |                          |                         |                    |                        | -                               |
| 25.4 Other accident only   |  |                          |                         |                    |                        |                                 |
| 25.5 All other (b)   |  |                          |                         |                    |                        |                                 |
| 25.6 Totals (sum of Lines 25.1   | to 25.5)   | 0                        |                         | .0                 | 0                      |                                 |
| 26. Totals (Lines 24 + 24.1 + 2  | 24.2 + 24.3 + 24.4 + 25.6)<br>cated lines report: Number | 40,839,756               | 42,678,9                |                    | 39,580,900             |                                 |
|  |  | or norgana inquired unde | or UU() managad oa      | ro producto        | II and numb            | or of porcopo                   |

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insured under indemnity only products



| DIRECT BUSINESS IN THE NAIC Group Code 4667  | STATE O      | )F Kentucky      |           | LI            | FE II      | NSURA            | ANCE       | <b>=</b> |                 | _              |             | /EAR 2017<br>/ Code 12575 |
|--|--------------|------------------|-----------|---------------|------------|------------------|------------|----------|-----------------|----------------|-------------|---------------------------|
| •  | PREMIUMS     | 3                | 1         | 1             |            | 2<br>dit Life (G |            |          | 3               | 4              |             | 5                         |
| AND ANNUITY (  |              |                  | Ordi      | inary         | an         | nd Individu      | al)        | Gr       | oup             | Industria      | I           | Total                     |
| <ol> <li>Life insurance</li> <li>Annuity considerations</li> </ol>                     |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| Deposit-type contract fund   |              |                  |           |               |            | XXX              |            |          |                 | XXX            |             |                           |
| Other considerations   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 5. Totals (Sum of Lines 1 to   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| DIRECT DIVIDENDS   |              | YHOLDERS         |           |               |            |                  |            |          |                 |                |             |                           |
| Life insurance:  |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 6.1 Paid in cash or left on  | deposit      |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 6.2 Applied to pay renewa  | al premiums  | \$               |           |               |            |                  |            |          |                 |                |             |                           |
| <ol><li>6.3 Applied to provide pai</li></ol>   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| the endowment or pre   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 6.4 Other  |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| Annuities:   | 1 10 0.4)    |                  |           |               |            |                  |            |          |                 | -              |             |                           |
| 7.1 Paid in cash or left on  | deposit      |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 7.2 Applied to provide pai   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 7.3 Other  |              |                  | <b></b>   |               | <b></b>    |                  |            |          |                 |                |             |                           |
| 7.4 Totals (sum of Lines 7   |              |                  | <b></b>   |               | <b>M</b>   | \                |            |          |                 |                |             |                           |
| <ol><li>Grand Totals (Lines 6.5 p</li></ol>  |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| DIRECT CLAIMS A  |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 9. Death benefits  |              |                  |           |               | <b>9</b>   |                  |            |          |                 |                |             |                           |
| 10. Matured endowments   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 11. Annuity benefits   |              |                  |           |               |            |                  |            |          |                 | -              |             |                           |
| <ul><li>12. Surrender values and with</li><li>13. Aggregate write-ins for mi</li></ul> |              |                  |           |               |            |                  |            | l        |                 | †              |             |                           |
| and benefits paid  |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 14. All other benefits, except   |              |                  |           |               |            |                  |            |          |                 |                | <u></u>     |                           |
| 15. Totals   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| DETAILS OF WRITE-INS   | ;            |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 1301   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 1302.  |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 1303.  |              |                  |           |               |            |                  |            |          |                 | -              |             |                           |
| 1398. Summary of Line 13 from  |              | •                |           |               |            |                  |            |          |                 |                |             |                           |
| 1399. Totals (Lines 1301 thru 13 above)  | 303 plus 139 | 98) (Line 13     |           |               |            |                  |            |          |                 |                |             |                           |
| above  |              |                  | ·         |               |            |                  |            |          |                 |                |             |                           |
|  |              | O                |           | Credit Life   |            |                  | 0          | _        | 1               | l 4 -d - l     |             | Takal                     |
| DIRECT DEATH   | 1            | Ordinary 2       | (Group    | p and Individ | uai)       | 5                | Group      | 6<br>6   | 7 Ir            | ndustrial<br>8 | 9           | Total 10                  |
| BENEFITS AND   | '            |                  | No. of    | -             |            | 3                | l          | U        | ,               | O              | 3           | 10                        |
| MATURED  |              |                  | Ind.Pols. |               |            |                  | l          |          |                 |                |             |                           |
| ENDOWMENTS   |              |                  | & Gr.     | _             |            | No. of           | ١.         |          |                 |                |             |                           |
| INCURRED   | No.          | Amount           | Certifs.  | Amour         | nt         | Certifs.         | Aı         | mount    | No.             | Amount         | No.         | Amount                    |
| 16. Unpaid December 31, prior year   |              |                  |           |               |            |                  | ĺ          |          |                 |                |             |                           |
| 17. Incurred during current year   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| Settled during current year:   |              |                  |           |               |            |                  | l          |          |                 |                |             |                           |
| 18.1 By payment in full  |              |                  |           |               |            |                  | <b></b>    |          |                 |                |             |                           |
| 18.2 By payment on   |              |                  |           |               |            |                  | l          |          |                 |                |             |                           |
| compromised claims   |              |                  |           |               |            |                  | ·          |          |                 |                |             |                           |
| 18.3 Totals paid<br>18.4 Reduction by  |              |                  |           |               |            |                  | ļ          |          | +               |                |             |                           |
| compromise   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 18.5 Amount rejected   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 18.6 Total settlements   | -            |                  |           |               |            |                  | ļ <b>.</b> |          |                 |                |             |                           |
| 19. Unpaid Dec. 31, current  |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| year (16+17-18.6)  |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| POLICY EXHIBIT   |              |                  |           |               |            | Policies         |            |          |                 |                |             |                           |
| 20. In force December 31, prior  |              |                  |           |               |            | Folicies         | l          |          |                 |                |             |                           |
| year   |              |                  |           | .(a)          |            | <b>_</b>         | ļ          |          | <u> </u>        |                |             |                           |
| 21. Issued during year   |              |                  |           | ļ             |            | <b></b>          | <b></b>    |          | <b></b>         |                |             |                           |
| 22. Other changes to in force  |              |                  |           |               |            |                  | ł          |          |                 |                |             |                           |
| (Net)23. In force December 31 of   | +            |                  |           | <b>†</b>      |            | †                | ļ          |          | <del> </del>    |                | +           |                           |
| current year   |              |                  |           | (a)           |            |                  |            |          |                 |                |             |                           |
| a) Includes Individual Credit Life   | Insurance n  | orior year \$    |           | , C           | urrent     | year \$          |            |          |                 |                | 1           |                           |
| Includes Group Credit Life Ins   |              | •                |           |               |            | •                |            |          |                 | rrent year \$  |             |                           |
| Loans greater than 60 months   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
|  |              |                  | CCIDE     | NT AND        | <b>⊔⊏^</b> | (  TU            | Jeiir      |          |                 |                |             |                           |
|  |              |                  |           |               | пЕА        |                  | 1301       |          | 3               |                | 1           | 5                         |
|  |              |                  | 1         | 1             |            | 2                |            |          | ਤ<br>ls Paid Or | 4              |             | 5                         |
|  |              |                  | Í         |               | Dire       | ect Premi        | ums        |          | On Direct       |                |             | Direct Losses             |
|  |              |                  | Direct P  | Premiums      |            | Earned           |            |          | iness           | Direct Losses  | Paid        | Incurred                  |
| 24. Group Policies (b)   |              |                  | ļ         |               |            |                  |            | ļ        |                 | ļ              |             |                           |
| 24.1 Federal Employees Healt   |              |                  | Í         |               |            |                  |            |          |                 |                |             |                           |
| premium (b)  |              |                  |           |               |            |                  |            |          |                 | ·              |             |                           |
| <ul><li>24.2 Credit (Group and Individence 24.3 Collectively renewable po</li></ul>    |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 24.4 Medicare Title XVIII exem   |              |                  |           | 63,389,208    |            | 68,40            | )8 83e     |          | 0               | 60,7           | 31 746      | 55,499,36                 |
| Other Individual Policies:   | pi nom siai  | .5 tax05 01 1665 | ļ·        | yu, uua, 200  |            | 00,40            | .0,000     |          | 0               |                | 01,740      |                           |
| 25.1 Non-cancelable (b)  |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 25.2 Guaranteed renewable (b   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
| 25.3 Non-renewable for stated  |              |                  |           |               |            |                  |            | <b></b>  |                 | ļ              |             |                           |
| sale value of stateu   |              |                  |           |               |            |                  |            |          |                 |                |             |                           |
|  |              |                  | £         |               |            |                  |            | t        |                 |                |             |                           |
| 25.4 Other accident only   |              |                  |           |               |            |                  | 1          |          |                 |                | l           |                           |
| 25.4 Other accident only   |              |                  |           | n             |            |                  | n          |          | n               |                | 0           | <br>1                     |
| 25.4 Other accident only   | to 25.5)     |                  |           | 0             |            |                  | 0          |          | 0               |                | 0<br>31,746 | 55,499,366                |

insured under indemnity only products ......0 .



| SUPPLEMENT FOR   | THE YEAR 201                          | 7 OF THE Silve                             | 5 7 5 2 0<br>erScript Insurance                          | e Company                 |                                |
|--|---------------------------------------|--|--|---------------------------|--------------------------------|
| DIRECT BUSINESS IN THE STATE OF Louisiana NAIC Group Code 4667   |                                       | FE INSURANCI                               |  | DURING TH                 | IE YEAR 2017<br>any Code 12575 |
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS   | 1<br>Ordinary                         | 2<br>Credit Life (Group<br>and Individual) | 3<br>Group   | 4<br>Industrial           | 5<br>Total                     |
| Life insurance     Annuity considerations  | Ordinary                              | and marviddary                             | Group  | maaana                    | Total                          |
| Deposit-type contract funds     Other considerations   |                                       | XXX  |  | XXX                       |                                |
| 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) |                                       |  |  |                           |                                |
| Annuities: 7.1 Paid in cash or left on deposit   |                                       |  |  |                           |                                |
| 7.3 Other  |                                       |  |  |                           |                                |
| 9. Death benefits  | V                                     | IN   |  |                           |                                |
| Surrender values and withdrawals for life contracts     Aggregate write-ins for miscellaneous direct claims and benefits paid  |                                       |  |  |                           |                                |
| All other benefits, except accident and health     Totals     DETAILS OF WRITE-INS   |                                       |  |  |                           |                                |
| 1301.<br>1302.<br>1303.  |                                       |  |  |                           |                                |
| 1398. Summary of Line 13 from overflow page  |                                       |  |  |                           |                                |
| DIRECT DEATH 1 2   | Credit Life<br>(Group and Individ     | ual) Grou                                  | p Inc  | dustrial                  | Total 10                       |
| BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount 16. Unpaid December 31, prior  | No. of Ind.Pols. & Gr. Certifs. Amour | No. of                                     | mount No.  | Amount No                 |                                |
| year 17. Incurred during current year Settled during current year: 18.1 By payment in full   |                                       |  |  |                           |                                |
| 18.4 Reduction by compromise  18.5 Amount rejected  18.6 Total settlements  19. Unpaid Dec. 31, current year (16+17-18.6)  | <b>NC</b>                             | N  |  |                           |                                |
| POLICY EXHIBIT  20. In force December 31, prior year   | (a)                                   | Policies                                   |  |                           |                                |
| 21. Issued during year   |                                       |  |  |                           |                                |
| current year  (a) Includes Individual Credit Life Insurance prior year \$  |                                       |  | , curi   | rent year \$              |                                |
| Loans greater than 60 months at issue BUT NOT GREATE   | R THAN 120 MONTHS                     |  | , curi   | rent year \$              |                                |
|  | 1 Direct Premiums                     | 2<br>Direct Premiums<br>Earned             | 3<br>Dividends Paid Or<br>Credited On Direct<br>Business | 4 Direct Losses Paid      | 5 Direct Losses Incurred       |
| 24. Group Policies (b)   |                                       |  |  |                           |                                |
| Medicare Title XVIII exempt from state taxes or fees     Other Individual Policies:     Non-cancelable (b)   |                                       | 73,999,890                                 | 0  | 67,916,403                | 62,059,268                     |
| 25.5 All other (b)   | 0<br>69,074,071                       | 73,999,890<br>er PPO managed care p        | 0  | 67,916,403<br>0 and numbe | , ,                            |

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

| DIRECT BUSINESS IN THE NAIC Group Code 4667                     | STATE O      | F Maine         |                   | LI          | FE I   | NSUR                       | ANCE      | E        |            |                                  |          | YEAR 2017<br>Code 12575   |
|---|--------------|-----------------|-------------------|-------------|--------|----------------------------|-----------|----------|------------|----------------------------------|----------|---------------------------|
| ·   | PREMIUMS     |                 | -                 | 1           |        | 2                          |           |          | 3          | 4                                | Company  | 5                         |
| AND ANNUITY (   |              |                 | Ordi              | nary        |        | dit Life (G<br>nd Individu |           | Gr       | roup       | Industria                        | ıl       | Total                     |
| Life insurance  |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| Annuity considerations     Deposit-type contract fund           |              |                 |                   |             |        | XXX                        |           |          |            | XXX                              |          |                           |
| Other considerations  |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 5. Totals (Sum of Lines 1 to                                    | 4)           |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| DIRECT DIVIDENDS  | TO POLIC     | YHOLDERS        |                   |             |        |                            |           |          |            |                                  |          |                           |
| Life insurance:<br>6.1 Paid in cash or left on                  | denosit      |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 6.2 Applied to pay renewa                                       | l premiums   |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 6.3 Applied to provide painthe endowment or pre                 |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 6.4 Other   | payıı        | ig period       |                   |             |        |                            |           |          |            |                                  |          |                           |
| 6.5 Totals (sum of Line 6.                                      |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| Annuities: 7.1 Paid in cash or left on                          | donocit      |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 7.1 Applied to provide pai                                      | •            |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 7.3 Other   |              |                 | \                 |             |        |                            |           |          |            |                                  |          |                           |
| 7.4 Totals (sum of Lines 7<br>8. Grand Totals (Lines 6.5 p      | ,            |                 | <b>\</b>          |             | -      |                            |           |          |            |                                  |          |                           |
| DIRECT CLAIMS A   |              | FITS PAID       | <del>- 1</del>    |             |        |                            | $\forall$ |          |            |                                  |          |                           |
| 9. Death benefits   |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 10. Matured endowments  |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 11. Annuity benefits      12. Surrender values and with         |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 13. Aggregate write-ins for mi                                  | scellaneous  | s direct claims |                   |             |        |                            |           |          |            |                                  | 1        |                           |
| and benefits paid   |              | d health        |                   |             |        |                            |           |          |            |                                  |          |                           |
| 15. Totals  |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| DETAILS OF WRITE-INS  |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 1301.<br>1302.  |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 1303.   |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 1398. Summary of Line 13 from                                   | overflow pa  | age             |                   |             |        |                            |           |          |            |                                  |          |                           |
| 1399. Totals (Lines 1301 thru 13 above)                         | 303 plus 139 | 98) (Line 13    |                   |             |        |                            |           |          |            |                                  |          |                           |
|   |              |                 |                   | Credit Life |        |                            |           |          |            | 1                                | 1        |                           |
|   |              | Ordinary        | (Group            | and Individ | ual)   |                            | Group     |          |            | ndustrial                        |          | Total                     |
| DIRECT DEATH<br>BENEFITS AND                                    | 1            | 2               | 3<br>No. of       | 4           |        | 5                          |           | 6        | 7          | 8                                | 9        | 10                        |
| MATURED   |              |                 | Ind.Pols.         |             |        |                            |           |          |            |                                  |          |                           |
| ENDOWMENTS<br>INCURRED  | No.          | Amount          | & Gr.<br>Certifs. | Amour       | nt     | No. of<br>Certifs.         | Δ         | mount    | No.        | Amount                           | No.      | Amount                    |
| 16. Unpaid December 31, prior                                   | 110.         | 7 tillodite     | Cortilo.          | 7111001     |        | Cortilo.                   | ,,        | inount   | 110.       | 7 unount                         | 110.     | 7 tillodite               |
| year17. Incurred during current year                            |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| Settled during current year:                                    |              |                 |                   |             |        | 1                          |           |          |            |                                  |          |                           |
| 18.1 By payment in full   | -            |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 18.2 By payment on compromised claims.                          |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 18.3 Totals paid  |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 18.4 Reduction by compromise                                    |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 18.5 Amount rejected  |              |                 | <b>.</b>          |             |        |                            |           |          |            |                                  |          |                           |
| 18.6 Total settlements  |              |                 | <b>7</b>          |             |        |                            |           |          |            |                                  |          |                           |
| year (16+17-18.6)   |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| POLICY EXHIBIT  |              |                 |                   |             |        | of Policies                |           |          |            |                                  |          |                           |
| 20. In force December 31, prior                                 |              |                 |                   |             |        | Folicies                   |           |          |            |                                  |          |                           |
| year  |              |                 |                   | (a)         |        | <b></b>                    | <b> </b>  |          | +          |                                  |          |                           |
| 21. Issued during year<br>22. Other changes to in force         |              |                 |                   |             |        | <b>+</b>                   |           |          | †          |                                  |          |                           |
| (Net)23. In force December 31 of                                |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| current year  |              |                 |                   | (a)         |        |                            |           |          |            |                                  |          |                           |
| (a) Includes Individual Credit Life                             |              |                 |                   | , C         |        |                            |           |          |            | Ф                                |          |                           |
| Includes Group Credit Life Inst<br>Loans greater than 60 months |              |                 |                   |             |        |                            |           |          |            | ırrent year \$<br>ırrent year \$ |          |                           |
| J   |              |                 |                   | NT AND      | •      | •                          |           |          | ,          |                                  |          |                           |
|   |              | <i>F</i>        |                   | 1 AND       | 116    | 2<br>2                     | 1001      |          | 3          | 4                                |          | 5                         |
|   |              |                 |                   |             | D:-    | t D !:                     |           |          | ds Paid Or |                                  |          | Discott Location          |
|   |              |                 | Direct P          | remiums     | DII    | ect Premit<br>Earned       | ums       |          | On Direct  | Direct Losses                    | s Paid   | Direct Losses<br>Incurred |
| 24. Group Policies (b)  |              |                 | 241.              |             |        |                            |           |          |            |                                  |          | <del>-</del>              |
| 24.1 Federal Employees Healt premium (b)                        |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 24.2 Credit (Group and Individu                                 | ual)         |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 24.3 Collectively renewable po                                  |              |                 |                   | 7 000 001   |        |                            | ne rro    |          |            |                                  |          | F 000 010                 |
| 24.4 Medicare Title XVIII exem<br>Other Individual Policies:    | pt from stat | e taxes or fees |                   | 7,062,394   |        | 7,72                       | 20,558    | <u> </u> | 0          | 5,8                              | 306,230  | 5,363,248                 |
| 25.1 Non-cancelable (b)   |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 25.2 Guaranteed renewable (b                                    | ,            |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 25.3 Non-renewable for stated 25.4 Other accident only          |              |                 |                   |             |        |                            |           | }        |            | -                                |          |                           |
| 25.5 All other (b)  |              |                 |                   |             |        |                            |           |          |            |                                  |          |                           |
| 25.6 Totals (sum of Lines 25.1                                  | to 25.5)     |                 |                   | 0           |        |                            | 0         | ļ        |            |                                  | 0        | 0                         |
| 26. Totals (Lines 24 + 24.1 +                                   | 24.2 + 24.3  | + 24.4 + 25.6)  |                   | 7,062,394   |        | 7,72                       | 26,558    |          | C          | 5,8                              | 366,230  | 5,363,248                 |
| (b) For health business on indi                                 |              |                 | ot persons i      | nsured unde | er PPC | managed                    | d care p  | products |            | 0 and                            | number o | t persons                 |

LS206.ME

insured under indemnity only products



, current year \$

, current year \$

SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company DURING THE YEAR 2017 DIRECT BUSINESS IN THE STATE OF Maryland **LIFE INSURANCE** NAIC Group Code 4667 NAIC Company Code 12575 3 2 Credit Life (Group **DIRECT PREMIUMS** AND ANNUITY CONSIDERATIONS Ordinary Group Industrial Total Life insurance. Annuity considerations 3. Deposit-type contract funds XXX. XXX. Other considerations Totals (Sum of Lines 1 to 4) 5. DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums ... 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period ...... 6 4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other . 7.4 Totals (sum of Lines 7.1 to 7.3) .. Grand Totals (Lines 6.5 plus 7.4)

DIRECT CLAIMS AND BENEFITS PAID 8. Death benefits ... 9. Matured endowments 11. Annuity benefits . Surrender values and withdrawals for life contracts 12. Aggregate write-ins for miscellaneous direct claims 13. and benefits paid .. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1302. 1303 1398. Summary of Line 13 from overflow page 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)

|   |     | Ordinani      |                                 | Credit Life       |                    | Group   |      | ndustrial      |      | Total       |
|---|-----|---------------|---------------------------------|-------------------|--------------------|---------|------|----------------|------|-------------|
| DIRECT DEATH  | 1   | Ordinary<br>2 | 3                               | and Individual) 4 | 5                  | Group 6 | 7    | ndustrial<br>8 | 9    | Total<br>10 |
| BENEFITS AND MATURED ENDOWMENTS INCURRED  | No. | Amount        | No. of Ind.Pols. & Gr. Certifs. | Amount            | No. of<br>Certifs. | Amount  | No.  | Amount         | No.  | Amount      |
| 16. Unpaid December 31, prior year  |     | Amount        | Ocruis.                         | Amount            | Octuis.            | Atmount | 140. | 7 tinodit      | 140. | Alliount    |
| Incurred during current year     Settled during current year:     18.1 By payment in full |     |               |                                 |                   |                    |         |      |                |      |             |
| 18.2 By payment on compromised claims 18.3 Totals paid                                    | ,   |               |                                 |                   |                    |         |      |                |      |             |
| 18.4 Reduction by compromise  |     |               |                                 |                   |                    |         |      |                |      |             |
| 18.5 Amount rejected  |     | <u> </u>      |                                 |                   |                    |         |      |                |      |             |
| 19. Unpaid Dec. 31, current year (16+17-18.6)   |     |               |                                 |                   |                    |         |      |                |      |             |
| POLICY EXHIBIT 20. In force December 31, prior  |     |               |                                 |                   | of Policies        |         |      |                |      |             |
| year21. Issued during year  |     |               |                                 | (a)               |                    |         |      |                |      |             |
| 22. Other changes to in force (Net)   |     |               |                                 |                   |                    |         |      |                |      |             |
| 23. In force December 31 of current year  |     |               |                                 | (a)               |                    |         |      |                |      |             |

ACCIDENT AND HEALTH INSURANCE

., current year \$

(a) Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

|      |  | 1               | 2                         | 3   | 4                  | 5                         |
|------|--|-----------------|---------------------------|---|--------------------|---------------------------|
|      |  | Direct Premiums | Direct Premiums<br>Earned | Dividends Paid Or<br>Credited On Direct<br>Business | Direct Losses Paid | Direct Losses<br>Incurred |
| 24.  | Group Policies (b)                                   |                 | Lamed                     | Dusiness  | Direct Losses Fala | incurred                  |
|      | Federal Employees Health Benefits Plan premium (b)   |                 |                           |   |                    |                           |
| 24.2 | Credit (Group and Individual)                        |                 |                           |   |                    |                           |
| 24.3 | Collectively renewable policies (b)                  |                 |                           |   |                    |                           |
|      | Medicare Title XVIII exempt from state taxes or fees |                 | 63,580,916                | 0   | 47,804,066         | 43,688,390                |
|      | Other Individual Policies:                           |                 |                           |   |                    |                           |
| 25.1 | Non-cancelable (b)                                   |                 |                           |   |                    |                           |
| 25.2 | Guaranteed renewable (b)                             |                 |                           |   |                    |                           |
| 25.3 | Non-renewable for stated reasons only (b)            |                 |                           |   |                    |                           |
| 25.4 | Other accident only                                  |                 |                           |   |                    |                           |
|      | All other (b)  |                 |                           |   |                    |                           |
|      | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0                         | 0   | 0                  | 0                         |
| 26.  | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 55,220,247      | 63,580,916                | 0   | 47,804,066         | 43,688,390                |



| DIRECT BUSINESS IN THE S<br>NAIC Group Code 4667                                      | JIAIL O            | i iviassaciius | Cito               | L           | IFE INSURA                        | NCE            |               |                 | NG THE YE | Code 12575    |
|---|--------------------|----------------|--------------------|-------------|-----------------------------------|----------------|---------------|-----------------|-----------|---------------|
|   |                    |                | 1                  |             | 2                                 |                | 3             | 4               |           | 5             |
| AND ANNUITY C   | REMIUMS<br>ONSIDER |                | Ordi               | narv        | Credit Life (Gro<br>and Individua |                | Group         | Industria       | al        | Total         |
| Life insurance  |                    |                |                    |             |                                   |                |               |                 |           |               |
| Annuity considerations  |                    |                |                    |             |                                   |                |               |                 |           |               |
| <ol> <li>Deposit-type contract funds</li> <li>Other considerations</li> </ol>         |                    |                |                    |             | XXX                               |                |               | XXX.            |           |               |
| <ol> <li>Totals (Sum of Lines 1 to 4</li> </ol>                                       |                    |                |                    |             |                                   |                |               |                 |           |               |
| DIRECT DIVIDENDS  | ,                  | YHOLDERS       |                    |             |                                   |                |               |                 |           |               |
| Life insurance:   |                    |                |                    |             |                                   |                |               |                 |           |               |
| 6.1 Paid in cash or left on o   |                    |                |                    |             |                                   |                |               |                 |           |               |
| <ul><li>6.2 Applied to pay renewal</li><li>6.3 Applied to provide paid</li></ul>      |                    |                |                    |             |                                   |                |               |                 |           |               |
| the endowment or pre-   | mium-payin         | ng period      |                    |             |                                   |                |               |                 |           |               |
| 6.4 Other<br>6.5 Totals (sum of Line 6.1  |                    |                |                    |             |                                   |                |               |                 |           |               |
| Annuities:  | 10 0.4)            |                |                    |             |                                   |                |               |                 |           |               |
| 7.1 Paid in cash or left on o   | deposit            |                |                    |             |                                   |                |               |                 |           |               |
| 7.2 Applied to provide paid   |                    |                |                    |             |                                   |                |               |                 |           |               |
| 7.3 Other   |                    |                | <b>\</b>           |             |                                   |                |               |                 |           |               |
| <ul><li>7.4 Totals (sum of Lines 7.</li><li>8. Grand Totals (Lines 6.5 plus</li></ul> |                    |                | <b>\</b>           |             |                                   |                |               |                 |           |               |
| DIRECT CLAIMS A   |                    | ITS PAID       | 1                  |             |                                   |                |               | 1               |           |               |
| 9. Death benefits   |                    |                |                    |             |                                   |                |               |                 |           |               |
| 10. Matured endowments  |                    |                |                    |             |                                   |                |               |                 |           |               |
| <ol> <li>Annuity benefits</li> <li>Surrender values and with</li> </ol>               |                    |                |                    |             |                                   |                |               |                 |           |               |
| <ol> <li>Aggregate write-ins for mis</li> </ol>                                       |                    |                |                    |             |                                   |                |               |                 |           |               |
| and benefits paid   |                    |                |                    |             |                                   |                |               |                 |           |               |
| <ol> <li>All other benefits, except a</li> <li>Totals</li> </ol>                      | ccident and        | d health       |                    |             |                                   |                |               |                 |           |               |
| DETAILS OF WRITE-INS  |                    |                |                    |             |                                   |                |               |                 |           |               |
| 301.  |                    |                |                    |             |                                   |                |               |                 |           |               |
| 302   |                    |                |                    |             |                                   |                |               |                 |           |               |
| 303.  |                    |                |                    |             |                                   |                |               |                 |           |               |
| 398. Summary of Line 13 from (399. Totals (Lines 1301 thru 13)                        |                    | •              |                    |             |                                   |                |               |                 |           |               |
| above)  |                    |                |                    |             |                                   |                |               |                 |           |               |
|   |                    |                |                    | Credit Life |                                   | _              |               |                 |           |               |
| DIRECT DEATH  | 1                  | Ordinary<br>2  | (Group             | and Individ | lual) 5                           | Group<br>6     | 7             | Industrial<br>8 | 9         | Total<br>10   |
| BENEFITS AND  |                    | _              | No. of             | •           |                                   | ŭ              |               | · ·             |           |               |
| MATURED<br>ENDOWMENTS   | 1                  |                | Ind.Pols.<br>& Gr. |             | No. of                            |                |               |                 |           |               |
| INCURRED  | No.                | Amount         | Certifs.           | Amou        |                                   | Amount         | No.           | Amount          | No.       | Amount        |
| 6. Unpaid December 31, prior  |                    |                |                    |             |                                   |                |               |                 |           |               |
| year<br>7. Incurred during current year   |                    |                |                    |             |                                   |                |               |                 |           |               |
| Settled during current year:  |                    |                |                    |             |                                   |                |               |                 |           |               |
| 18.1 By payment in full   |                    |                |                    |             |                                   |                |               |                 |           |               |
| 18.2 By payment on compromised claims   | 1                  |                |                    |             |                                   |                |               |                 |           |               |
| 18.3 Totals paid  |                    |                |                    |             |                                   |                |               |                 |           |               |
| 18.4 Reduction by   |                    |                |                    |             | _  _                              |                |               |                 |           |               |
| compromise<br>18.5 Amount rejected  | ,                  |                | \ <b>-</b>         |             |                                   |                |               |                 |           |               |
| 18.6 Total settlements  |                    |                |                    |             |                                   |                |               |                 |           |               |
| 9. Unpaid Dec. 31, current  |                    |                |                    |             |                                   |                |               |                 |           |               |
| year (16+17-18.6)   |                    |                | -                  | 1           | . of                              |                |               |                 |           |               |
| POLICY EXHIBIT  |                    |                |                    |             | Policies                          |                |               |                 |           |               |
| 0. In force December 31, prior  |                    |                |                    | (2)         |                                   |                |               |                 |           |               |
| year<br>1. Issued during year   |                    |                |                    | (a)         |                                   |                |               |                 |           |               |
| 2. Other changes to in force  |                    |                |                    |             |                                   |                |               |                 |           |               |
| (Net)   |                    |                |                    |             |                                   |                |               |                 |           |               |
| 3. In force December 31 of current year   |                    |                |                    | (a)         |                                   |                |               |                 |           |               |
| Includes Individual Credit Life In  | nsurance p         | rior year \$   |                    |             | current year \$                   |                |               |                 |           |               |
| Includes Group Credit Life Insu   |                    |                | -                  |             |                                   |                | , C           | •               |           |               |
| Loans greater than 60 months  | at issue BU        | JI NOT GREATE  | ER THAN 12         | 20 MONTHS   | s, prior year \$                  |                | , C           | urrent year \$  |           |               |
|   |                    |                | CCIDE              | NT AND      | <b>HEALTH IN</b>                  | <u>SU</u> RANC | E             |                 |           |               |
|   | _                  |                | 1                  | 1           | 2                                 |                | 3             | 4               |           | 5             |
|   |                    |                |                    |             | Direct Premiur                    |                | dends Paid Or |                 |           | Direct Lesses |

| P P   | ACCIDENT AND    | HEALIH INSUF    | RANCE              |                    |               |
|---|-----------------|-----------------|--------------------|--------------------|---------------|
|   | 1               | 2               | 3                  | 4                  | 5             |
|   |                 |                 | Dividends Paid Or  |                    |               |
|   |                 | Direct Premiums | Credited On Direct |                    | Direct Losses |
|   | Direct Premiums | Earned          | Business           | Direct Losses Paid | Incurred      |
| 24. Group Policies (b)                                    |                 |                 |                    |                    |               |
| 24.1 Federal Employees Health Benefits Plan               |                 |                 |                    |                    |               |
| premium (b)   |                 |                 |                    |                    |               |
| 24.2 Credit (Group and Individual)                        |                 |                 |                    |                    |               |
| 24.3 Collectively renewable policies (b)                  |                 |                 |                    |                    |               |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | 107,506,398     | 116,318,259     | 0                  | 86,800,297         | 79,313,796    |
| Other Individual Policies:                                | , ,             | , ,             |                    | , ,                | , ,           |
| 25.1 Non-cancelable (b)                                   |                 |                 |                    |                    |               |
| 25.2 Guaranteed renewable (b)                             |                 |                 |                    |                    |               |
| 25.3 Non-renewable for stated reasons only (b)            |                 |                 |                    |                    |               |
| 25.4 Other accident only                                  |                 |                 |                    |                    |               |
| 25.5 All other (b)  |                 |                 |                    |                    |               |
| 25.6 Totals (sum of Lines 25.1 to 25.5)                   |                 | 0               | 0                  | 0                  | 0             |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)  |                 | 116 318 259     | 0                  | 86 800 297         | 79 313 796    |

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 107,506,398 116,318,259 0 86,800,297 79

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products .....0



|  | S   | IIPPI F  | MENT FOR                | THE Y               | FAR 201            | 7 OF     | THE                  | Silve     |          | nsurano   | te Company                     |         |                            |
|--|---|--|-------------------------|---------------------|--------------------|----------|----------------------|-----------|----------|-----------|--------------------------------|---------|----------------------------|
|  | CT BUSINESS IN THE  |  |                         |                     | LĮ                 |          | NSUR/                |           | <b>.</b> |           | DURI<br>NAIC                   | NG THE  | YEAR 2017<br>ny Code 12575 |
|  |   | REMIUMS  |                         |                     | 1                  |          | dit Life (G          |           |          | 3         | 4                              |         | 5                          |
| 1.   | AND ANNUITY C   |  |                         | Ord                 | inary              | an       | nd Individu          | iai)      | Gro      | oup       | Industria                      |         | Total                      |
| 2.<br>3.   | Annuity considerations  Deposit-type contract fund                                |  |                         |                     |                    |          | XXX                  |           |          |           | XXX                            |         |                            |
| 4.   | Other considerations  |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
| 5.   | Totals (Sum of Lines 1 to 4  DIRECT DIVIDENDS                                     | ,  | YHOLDERS                |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | Life insurance:   | -1   |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | 6.1 Paid in cash or left on 6.2 Applied to pay renewal                            |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | 6.3 Applied to provide paid the endowment or pre                                  | l-up additio                                   | ns or shorten           |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | 6.4 Other   |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | 6.5 Totals (sum of Line 6.1 Annuities:  | to 6.4)  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | 7.1 Paid in cash or left on   |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | 7.2 Applied to provide paid 7.3 Other   |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
| _  | 7.4 Totals (sum of Lines 7  | .1 to 7.3)                                     |                         | <b>.</b>            |                    |          |                      |           |          |           |                                |         |                            |
| 8.   | Grand Totals (Lines 6.5 pl  |  | ITS PAID                | <b>→</b>            |                    | ₽        | 1                    | $\forall$ |          |           |                                |         | _                          |
| 9.   | Death benefits  |  |                         |                     |                    | <b>J</b> |                      | <b>\</b>  |          |           |                                |         |                            |
| 10.<br>11.   | Matured endowments Annuity benefits   |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
| 12.  | Surrender values and with   | drawals for                                    | life contracts          |                     |                    |          |                      |           |          |           |                                |         |                            |
| 13.  | Aggregate write-ins for mis and benefits paid                                     |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | All other benefits, except a Totals   | ccident and                                    | d health                |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | DETAILS OF WRITE-INS  |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
| 1301.  | ·   |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
| 1303.  | ·   |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | <ul> <li>Summary of Line 13 from 0</li> <li>Totals (Lines 1301 thru 13</li> </ul> |  | •                       |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | above)  |  | 70) (20                 |                     |                    |          |                      |           |          |           |                                |         |                            |
|  |   |  | Oudin                   |                     | Credit Life        |          |                      | 0         | _        |           |                                |         | Takal                      |
|  | DIRECT DEATH  | 1  | Ordinary<br>2           | 3                   | p and Individ<br>4 | uai)     | 5                    | Group     | 6        | 7         | ndustrial<br>8                 | 9       | Total<br>10                |
|  | BENEFITS AND<br>MATURED   |  |                         | No. of<br>Ind.Pols. |                    |          |                      |           |          |           |                                |         |                            |
|  | ENDOWMENTS<br>INCURRED  | No.  | Amount                  | & Gr.<br>Certifs.   | Amour              | nt       | No. of Certifs.      | Δ         | mount    | No.       | Amount                         | No.     | Amount                     |
|  | Jnpaid December 31, prior   |  | 711100111               | 00.10.              | 7                  |          | 00111101             | , ,       |          |           | 7 1110 0111                    |         | 7                          |
|  | year<br>ncurred during current year   |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | Settled during current year: 8.1 By payment in full                               |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | 8.2 By payment on   |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
| 1  | compromised claims 8.3 Totals paid  |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | 8.4 Reduction by  |  |                         |                     |                    | _        |                      |           |          |           |                                |         |                            |
| 1  | compromise<br>8.5 Amount rejected   |  |                         |                     |                    |          |                      |           | <br>     |           |                                |         |                            |
|  | 8.6 Total settlements Jnpaid Dec. 31, current                                     |  |                         | 7                   |                    |          |                      |           |          |           |                                |         |                            |
|  | year (16+17-18.6)   |  |                         | - 14                |                    |          |                      |           |          |           |                                |         |                            |
|  | POLICY EXHIBIT  |  |                         |                     |                    |          | Policies             |           |          |           |                                |         |                            |
|  | n force December 31, prior<br>year  |  |                         |                     | (a)                |          |                      |           |          |           |                                |         |                            |
| 21. Is   | ssued during year   |  |                         |                     | ,                  |          |                      |           |          |           |                                |         |                            |
|  | Other changes to in force (Net)   |  |                         |                     |                    |          | ļ                    |           |          |           |                                |         |                            |
|  | n force December 31 of<br>current year  |  |                         |                     | (a)                |          |                      |           |          |           |                                |         |                            |
|  | ludes Individual Credit Life I  |  |                         |                     |                    |          |                      |           |          |           |                                |         |                            |
|  | ludes Group Credit Life Insu<br>ans greater than 60 months                        |  |                         |                     |                    |          | -                    |           |          |           | rrent year \$<br>rrent year \$ |         |                            |
| LUC  |   |  |                         | CCIDE               | NT AND             | HEA      | LTH IN               | NSUF      | RANCE    |           |                                |         |                            |
| Loc  | ŭ   |  | <i></i>                 |                     |                    |          | 2                    |           | ;        | 3         | 4                              |         | 5                          |
|  |   |  | <i></i>                 |                     | 1                  |          |                      |           |          | s Paid Or |                                |         | Direct Losses              |
|  |   |  |                         |                     |                    | Dire     | ect Premiu           | ums       | Credited | On Direct |                                |         |                            |
| 24.  |   |  |                         |                     | remiums            | Dire     | ect Premit<br>Earned | ums       |          | ness      | Direct Losses                  | s Paid  | Incurred                   |
| 24.  | Group Policies (b)Federal Employees Health  | Benefits P                                     |                         | Direct F            | remiums            | Dire     |                      | ums       |          |           | Direct Losse                   | s Paid  |                            |
| 24.<br>24.1<br>24.2  | Group Policies (b)  | Benefits P<br>al)                              | lan                     | Direct F            | remiums            | Dire     |                      | ums       |          |           | Direct Losse                   | s Paid  |                            |
| 24.<br>24.1<br>24.2<br>24.3  | Group Policies (b)  | al)icies (b)                                   | llan                    | Direct F            | remiums            |          | Earned               |           |          |           |                                |         | Incurred                   |
| 24.<br>24.1<br>24.2<br>24.3  | Group Policies (b)  | al)icies (b)                                   | llan                    | Direct F            | remiums            |          | Earned               |           |          |           | Direct Losses                  |         |                            |
| 24.<br>24.1<br>24.2<br>24.3<br>24.4<br>25.1  | Group Policies (b)  | Benefits P<br>al)<br>icies (b)<br>ot from stat | e taxes or fees         | Direct F            | 78,563,890         |          | Earned               |           |          |           |                                |         | Incurred                   |
| 24.<br>24.1<br>24.2<br>24.3<br>24.4<br>25.1<br>25.2  | Group Policies (b)  | al)icies (b)                                   | e taxes or fees         | Direct F            | 78,563,890         |          | Earned               |           |          |           |                                |         | Incurred                   |
| 24.<br>24.1<br>24.2<br>24.3<br>24.4<br>25.1<br>25.2<br>25.3<br>25.4                        | Group Policies (b)  | al)ot from state                               | e taxes or fees         | Direct F            | 78,563,890         |          | Earned               | 75,541    |          |           |                                |         | Incurred                   |
| 24.<br>24.1<br>24.2<br>24.3<br>24.4<br>25.1<br>25.2<br>25.3<br>25.4<br>25.5                | Group Policies (b)  | al)icies (b)ot from state                      | e taxes or fees         | Direct F            | 78,563,890         |          | 88,27                | 75,541    | Busi     | 0         |                                | 324,621 |                            |
| 24.<br>24.1<br>24.2<br>24.3<br>24.4<br>25.1<br>25.2<br>25.3<br>25.4<br>25.5<br>25.6<br>26. | Group Policies (b)  | al)  | e taxes or fees  ly (b) | Direct F            | 78,563,890<br>     |          | 88,27                | 75,541    | Busi     |           |                                |         |                            |

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company

| DIRECT BUSINESS IN THE NAIC Group Code 4667  | STATE O                                 | F Minnesota     |                    | LI          | FE INSUR                      | ANCI        | Ē        |                       |                 |         | YEAR 2017<br>ny Code 12575 |
|--|---|-----------------|--------------------|-------------|-------------------------------|-------------|----------|-----------------------|-----------------|---------|----------------------------|
| ·  |   |                 |                    | 1           | 2                             |             | _        | 3                     | 4               | Compai  | 5 5                        |
| DIRECT<br>AND ANNUITY (  | PREMIUMS<br>CONSIDER                    |                 | Ordi               | inary       | Credit Life (C<br>and Individ |             | G        | roup                  | Industri        | al      | Total                      |
| Life insurance   |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| Annuity considerations     Deposit-type contract fund                                      |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| Deposit-type contract fund     Other considerations  |   |                 |                    |             | XXX                           |             |          |                       |                 |         |                            |
| Totals (Sum of Lines 1 to  |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| DIRECT DIVIDENDS   | TO POLIC                                | YHOLDERS        |                    |             |                               |             |          |                       |                 |         |                            |
| Life insurance:  | donasit                                 |                 |                    |             |                               | ļ           |          |                       |                 |         |                            |
| 6.1 Paid in cash or left on<br>6.2 Applied to pay renewa                                   | al premiums                             |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 6.3 Applied to provide pai   | d-up additio                            | ns or shorten   |                    |             |                               |             |          |                       |                 |         |                            |
| the endowment or pro   | emium-payir                             | ng period       |                    |             |                               |             |          |                       |                 |         |                            |
| 6.5 Totals (sum of Line 6.   |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| Annuities:   | ,                                       |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 7.1 Paid in cash or left on 7.2 Applied to provide pai                                     |   |                 |                    |             |                               |             | ļ        |                       |                 |         |                            |
| 7.2 Applied to provide par<br>7.3 Other  | u-up amun                               | es              | \ <b> </b>         |             |                               |             |          |                       |                 |         |                            |
| 7.4 Totals (sum of Lines 7   | 7.1 to 7.3)                             |                 |                    |             |                               |             |          |                       |                 |         |                            |
| Grand Totals (Lines 6.5 p     DIRECT CLAIMS A  |   | TO DAID         | <b>7</b>           |             |                               |             |          |                       |                 |         |                            |
| 9. Death benefits  |   |                 | 74                 |             |                               |             |          |                       |                 |         |                            |
| Matured endowments   |   |                 | <b>T</b>           |             |                               |             |          |                       |                 |         |                            |
| 11. Annuity benefits   |   | ľ               |                    |             |                               |             |          |                       |                 |         |                            |
| <ol> <li>Surrender values and with</li> <li>Aggregate write-ins for m</li> </ol>           |   | F               |                    |             |                               |             | ļ        |                       | +               |         |                            |
| and benefits paid  |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| <ul><li>14. All other benefits, except</li><li>15. Totals</li></ul>                        | accident and                            | d health        |                    |             |                               |             | l        |                       |                 |         |                            |
| DETAILS OF WRITE-INS   | 3                                       |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 1301.  |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 1302.  |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 1303<br>1398. Summary of Line 13 from  | overflow pa                             |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 1399. Totals (Lines 1301 thru 13   |   | •               |                    |             |                               |             |          |                       |                 |         |                            |
| above)   |   |                 |                    |             |                               |             | <u> </u> |                       |                 |         |                            |
|  |   | 2di             |                    | Credit Life | l = I)                        | 0           |          |                       | - -             |         | T-1-1                      |
| DIRECT DEATH   | 1                                       | Ordinary<br>2   | 3                  | and Individ | 5                             | Group       | 6        | 7                     | Industrial<br>8 | 9       | Total<br>10                |
| BENEFITS AND   |   |                 | No. of             |             |                               |             |          |                       |                 |         |                            |
| MATURED<br>ENDOWMENTS  |   |                 | Ind.Pols.<br>& Gr. |             | No. of                        |             |          |                       |                 |         |                            |
| INCURRED   | No.                                     | Amount          | Certifs.           | Amour       |                               | Α           | mount    | No.                   | Amount          | No.     | Amount                     |
| 16. Unpaid December 31, prior year   |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 17. Incurred during current year   |   |                 |                    |             |                               | <b></b>     |          |                       |                 |         |                            |
| Settled during current year:<br>18.1 By payment in full                                    |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 18.2 By payment on   | *************************************** |                 |                    |             |                               | *           |          |                       |                 |         |                            |
| compromised claims   |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 18.3 Totals paid<br>18.4 Reduction by  |   |                 |                    |             |                               | <b>†</b>    |          |                       |                 |         |                            |
| compromise   |   |                 |                    |             | <b>\</b>                      |             |          |                       |                 |         |                            |
| 18.5 Amount rejected<br>18.6 Total settlements   | -                                       |                 | <b>-</b>           |             |                               | <del></del> |          |                       |                 |         |                            |
| 19. Unpaid Dec. 31, current  |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| year (16+17-18.6)  |   |                 |                    |             | of of                         | 1           | ┸        |                       |                 |         |                            |
| POLICY EXHIBIT   |   |                 |                    |             | Policies                      |             |          |                       |                 |         |                            |
| 20. In force December 31, prior  |   |                 |                    | (2)         |                               |             |          |                       |                 |         |                            |
| year21. Issued during year   |   |                 |                    | (a)         |                               | 1           |          |                       |                 |         |                            |
| 22. Other changes to in force  |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| (Net)  |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| current year   |   |                 |                    | (a)         |                               | <u> </u>    |          |                       |                 |         |                            |
| <ul> <li>(a) Includes Individual Credit Life<br/>Includes Group Credit Life Ins</li> </ul> |   |                 |                    |             | current year \$               |             |          |                       | urrent year \$  |         |                            |
| Loans greater than 60 months   |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| -  |   |                 |                    |             | HEALTH I                      |             |          |                       |                 |         |                            |
|  |   |                 |                    | 1 AND       | 2<br>2                        | NOUL        | TANCE    | 3                     | 4               |         | 5                          |
|  |   |                 |                    |             | _                             |             |          | ds Paid Or            |                 |         | -                          |
|  |   |                 | Direct P           | remiums     | Direct Premi<br>Earned        | ums         | 1        | d On Direct<br>siness | Direct Losse    | s Paid  | Direct Losses<br>Incurred  |
| 24. Group Policies (b)   |   |                 | 250(1              | J <b>G</b>  |                               |             |          |                       |                 |         |                            |
| 24.1 Federal Employees Healt   |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| premium (b)<br>24.2 Credit (Group and Individ  | ual)                                    |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 24.3 Collectively renewable po   | olicies (b)                             |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 24.4 Medicare Title XVIII exem<br>Other Individual Policies:                               | pt from stat                            | e taxes or fees |                    | 53,244,159  | 54,5                          | ö1,941      | }        |                       | 44,             | 237,492 | 40,423,644                 |
| 25.1 Non-cancelable (b)  |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 25.2 Guaranteed renewable (b   |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
|  |   |                 |                    |             |                               |             |          |                       |                 |         |                            |
| 25.3 Non-renewable for stated 25.4 Other accident only                                     |   | , \ /           |                    |             |                               |             |          |                       |                 |         |                            |

....0 and number of persons insured under indemnity only products

...0

40,423,644

0 44,237,492



current year \$

., current year \$

SUPPLEMENT FOR THE YEAR 2017 OF THE SilverScript Insurance Company DURING THE YEAR 2017 DIRECT BUSINESS IN THE STATE OF Mississippi **LIFE INSURANCE** NAIC Group Code 4667 NAIC Company Code 12575 3 2 Credit Life (Group **DIRECT PREMIUMS** AND ANNUITY CONSIDERATIONS Ordinary and Individual) Group Industrial Total Life insurance. Annuity considerations 3. Deposit-type contract funds XXX. XXX. Other considerations Totals (Sum of Lines 1 to 4) 5. DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums ... 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other . 7.4 Totals (sum of Lines 7.1 to 7.3) ... Grand Totals (Lines 6.5 plus 7.4)

DIRECT CLAIMS AND BENEFITS PAID 8. Death benefits ... 9. Matured endowments 11. Annuity benefits. Surrender values and withdrawals for life contracts 12. Aggregate write-ins for miscellaneous direct claims 13. and benefits paid .. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 1301. 1302. 1303 1398. Summary of Line 13 from overflow page 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13

|  | (        | Ordinary    | -   | redit Life<br>and Individual) |                         | Group       | Ir       | ndustrial   | Total    |        |
|--|----------|-------------|---|-------------------------------|-------------------------|-------------|----------|-------------|----------|--------|
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED            | 1<br>No. | 2<br>Amount | 3<br>No. of<br>Ind.Pols.<br>& Gr.<br>Certifs. | 4<br>Amount                   | 5<br>No. of<br>Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10     |
| 16. Unpaid December 31, prior year                               |          |             |   | Amount                        | Ceruis.                 | Amount      | NO.      | Amount      | NO.      | Amount |
| 18.2 By payment on compromised claims 18.3 Totals paid           |          |             |   |                               |                         |             |          |             |          |        |
| 18.4 Reduction by compromise                                     |          |             |   | <u> </u>                      | A                       |             |          |             |          |        |
| 19. Unpaid Dec. 31, current year (16+17-18.6)                    |          |             |   |                               |                         |             |          |             |          |        |
| POLICY EXHIBIT  20. In force December 31, prior year             |          |             |   | a)                            | Policies                |             |          |             |          |        |
| 21. Issued during year<br>22. Other changes to in force<br>(Net) |          |             |   |                               |                         |             |          |             |          |        |
| 23. In force December 31 of current year                         |          |             |   | a)                            |                         |             |          |             |          |        |

ACCIDENT AND HEALTH INSURANCE

., current year \$

|      |  | CCIDENT AND     | HEALTH INSUR    | TANCE              |                    |               |
|------|--|-----------------|-----------------|--------------------|--------------------|---------------|
|      |  | 1               | 2               | 3                  | 4                  | 5             |
|      |  |                 | Direct December | Dividends Paid Or  |                    | Discottones   |
|      |  | Direct Bremiume | Direct Premiums | Credited On Direct | Direct League Daid | Direct Losses |
|      |  | Direct Premiums | Earned          | Business           | Direct Losses Paid | Incurred      |
|      | Group Policies (b)                                   |                 |                 |                    |                    |               |
| 24.1 | Federal Employees Health Benefits Plan premium (b)   |                 |                 |                    |                    |               |
| 24.2 | Credit (Group and Individual)                        |                 |                 |                    |                    |               |
| 24.3 | Collectively renewable policies (b)                  |                 |                 |                    |                    |               |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | 62,349,835      | 66,375,076      | 0                  | 61,418,055         | 56, 139, 210  |
|      | Other Individual Policies:                           |                 |                 |                    |                    |               |
| 25.1 | Non-cancelable (b)                                   |                 |                 |                    |                    |               |
| 25.2 | Guaranteed renewable (b)                             |                 |                 |                    |                    |               |
| 25.3 | Non-renewable for stated reasons only (b)            |                 |                 |                    |                    |               |
| 25.4 | Other accident only                                  |                 |                 |                    |                    |               |
| 25.5 | All other (b)  |                 |                 |                    |                    |               |
| 25.6 | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0               | 0                  | 0                  | 0             |
|      | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 62,349,835      | 66,375,076      | 0                  | 61,418,055         | 56,139,210    |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_\_\_0 and number of persons

insured under indemnity only products ......0

(a) Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$

above)



|  | CT BUSINESS IN THE :<br>Group Code 4667  | STATE O   | F Missouri                                      |   | LI  | FE II                        | NSUR <i>A</i>                                  | ANCE            | ·<br><u> </u>                 |                              |                          |        | YEAR 2017<br>y Code 12575          |
|--|--|---|---|---|---|------------------------------|--|-----------------|-------------------------------|------------------------------|--------------------------|--------|------------------------------------|
|  | DIRECT P   | REMILIMS  | •   |   | 1   | Cred                         | 2<br>dit Life (Gr                              | roun            |                               | 3                            | 4                        |        | 5                                  |
|  | AND ANNUITY C  | ONSIDER   | ATIONS  | Ordi  | inary   |                              | d Individu                                     |                 | Gro                           | oup                          | Industria                | l      | Total                              |
| 1.   | Life insurance   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 2.<br>3.   | Annuity considerations  Deposit-type contract fund   |   |   |   |   |                              | XXX  |                 |                               |                              | XXX                      |        |                                    |
| 4.   | Other considerations   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 5.   | Totals (Sum of Lines 1 to 4  | ,   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | DIRECT DIVIDENDS   | TO POLIC  | YHOLDERS  |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | Life insurance:<br>6.1 Paid in cash or left on   | denosit   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | 6.2 Applied to pay renewal   | premiums  |   |   |   |                              |  |                 | Ī                             |                              |                          |        |                                    |
|  | 6.3 Applied to provide paid  | l-up additio  | ns or shorten                                   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | the endowment or pre 6.4 Other   | mıum-payır  | ng period                                       |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | 6.5 Totals (sum of Line 6.1  | to 6.4)   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | Annuities:   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | <ul><li>7.1 Paid in cash or left on c</li><li>7.2 Applied to provide paid</li></ul>  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | 7.3 Other  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | 7.4 Totals (sum of Lines 7.  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 8.   | Grand Totals (Lines 6.5 plu  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 0  | DIRECT CLAIMS A  |   | -   | <b>W</b>  |   |                              |  |                 |                               |                              |                          |        |                                    |
| 9.<br>10.  | Death benefits Matured endowments  |   |   |   |   | <b>-</b>                     |  | <b>\</b>        |                               |                              |                          |        |                                    |
| 11.  |  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 12.  |  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 13.  | Aggregate write-ins for mis<br>and benefits paid   |   |   |   |   |                              |  |                 |                               |                              | 1                        |        |                                    |
| 14.  | All other benefits, except a   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | Totals   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 1001   | DETAILS OF WRITE-INS   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 1301   |  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 1303   |  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 1398   | <ol> <li>Summary of Line 13 from the second control</li> </ol>   | overflow pa   | age   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 1399   | <ol> <li>Totals (Lines 1301 thru 13 above)</li> </ol>  | 03 plus 139   | 98) (Line 13                                    |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | above)   |   |   |   |   |                              | T  |                 | l .                           | ı                            |                          | L      |                                    |
| 1  |  |   | Ordinary  |   | Credit Life<br>o and Individ                              | ual)                         |  | Group           | 0                             |                              | Industrial               |        | Total                              |
|  | DIRECT DEATH   | 1   | 2   | 3   | 4   | uuij                         | 5  | Group           | 6                             | 7                            | 8                        | 9      | 10                                 |
|  | BENEFITS AND<br>MATURED  |   |   | No. of<br>Ind.Pols.                               |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | ENDOWMENTS   |   |   | & Gr.   |   |                              | No. of   |                 |                               |                              |                          |        |                                    |
|  | INCURRED   | No.   | Amount  | Certifs.  | Amour   | nt                           | Certifs.                                       | Α               | mount                         | No.                          | Amount                   | No.    | Amount                             |
| 16. l  | Unpaid December 31, prior year   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 17. I  | Incurred during current year   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | Settled during current year:   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | 18.1 By payment in full  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | 18.2 By payment on compromised claims  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | 18.3 Totals paid   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 1  | 18.4 Reduction by compromise   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 1  | 18.5 Amount rejected   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | 18.6 Total settlements   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | Unpaid Dec. 31, current  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | year (16+17-18.6)  |   |   | 1   |   |                              | . of   | T               |                               |                              |                          | 1      |                                    |
|  | POLICY EXHIBIT   |   |   |   |   | -                            | Policies                                       |                 |                               |                              |                          |        |                                    |
| 20. I  | In force December 31, prior vear   |   |   |   | (a)   |                              |  |                 |                               |                              |                          |        |                                    |
|  | veai   |   | ,   |   | ·/  |                              |  |                 |                               |                              |                          |        | [                                  |
|  | ssued during year  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
|  | ssued during year<br>Other changes to in force   |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 22. (  | ssued during year  |   |   |   |   |                              |  |                 |                               |                              |                          |        |                                    |
| 22. (<br>23. I   | Ssued during year  |   |   |   | (a)   |                              |  |                 |                               |                              |                          |        |                                    |
| 22. (<br>23. I<br>(a) Inc  | ssued during year  | nsurance p  | •   |   | , C   |                              |  |                 |                               |                              | urrent year ¢            |        |                                    |
| 22. (23. I   | Ssued during year  | nsurance p  | ns less than or ed                              | qual to 60 m                                      | nonths at issu  | ue, pric                     | or year \$                                     |                 |                               | , c                          | urrent year \$           |        |                                    |
| 22. (23. I   | Ssued during year  | nsurance p  | ns less than or ed<br>JT NOT GREATE             | qual to 60 m                                      | nonths at issu<br>20 MONTHS                               | ue, prio<br>S, prior         | or year \$<br>year \$                          |                 |                               | , c                          | •                        |        |                                    |
| 22. (23. I   | Ssued during year  | nsurance p  | ns less than or ed<br>JT NOT GREATE             | qual to 60 m                                      | nonths at issu  | ue, prio<br>S, prior         | or year \$<br>year \$<br>\LTH IN               |                 | RANCE                         | , C                          | urrent year \$           |        | 5                                  |
| 22. (23. I   | Ssued during year  | nsurance p  | ns less than or ed<br>JT NOT GREATE             | qual to 60 m                                      | nonths at issu<br>20 MONTHS                               | ue, prio<br>6, prior         | or year \$<br>year \$<br>ALTH IN<br>2          | NSUF            | RANCE                         | , c                          | •                        |        | 5                                  |
| 22. (23. I   | Ssued during year  | nsurance p  | ns less than or ed<br>JT NOT GREATE             | qual to 60 m<br>ER THAN 1:                        | nonths at issu<br>20 MONTHS<br>NT AND                     | ue, prio<br>6, prior         | or year \$ year \$ <b>LTH IN</b> 2  ect Premiu | NSUF            | RANCE<br>Dividend<br>Credited | 3<br>s Paid Or<br>On Direct  | urrent year \$           | Poid   | Direct Losses                      |
| 22. (23. I   | Ssued during year  | nsurance p<br>rance Loar<br>at issue BU               | ns less than or ed<br>JT NOT GREATE<br><b>A</b> | qual to 60 m<br>ER THAN 1:<br>ACCIDE              | nonths at issue 20 MONTHS  NT AND  1                      | ue, prio<br>6, prior         | or year \$<br>year \$<br>ALTH IN<br>2          | NSUF            | RANCE<br>Dividend<br>Credited | , c<br>, c<br>3<br>s Paid Or | urrent year \$           | s Paid |                                    |
| 22. (a) Inc. Inc. Lo   | Ssued during year  | nsurance p<br>rance Loar<br>at issue BU<br>Benefits F | ns less than or ed<br>JT NOT GREATE<br>A        | qual to 60 m<br>ER THAN 1:<br>ACCIDE!             | nonths at issue 20 MONTHS  NT AND  1                      | ue, prio<br>6, prior         | or year \$ year \$ <b>LTH IN</b> 2  ect Premiu | NSUF            | RANCE<br>Dividend<br>Credited | 3<br>s Paid Or<br>On Direct  | urrent year \$           | s Paid | Direct Losses                      |
| 22. (a) Inc<br>Inc<br>Lo   | Ssued during year  | nsurance p<br>rance Loar<br>at issue BU               | ns less than or ed<br>JT NOT GREATE<br>A        | qual to 60 m<br>ER THAN 1:<br>ACCIDE!             | nonths at issue 20 MONTHS  NT AND  1                      | ue, prio<br>6, prior         | or year \$ year \$  LTH IN 2 ect Premiu        | NSUF            | PANCE Dividend Credited Busi  | 3<br>s Paid Or<br>On Direct  | Direct Losses            | s Paid | Direct Losses                      |
| 22. (a) Inc<br>Inc<br>Lo   | Other changes to in force (Net) In force December 31 of current year Cludes Individual Credit Life Includes Group Credit Life Insulans greater than 60 months  Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individue   | nsurance prance Loar at issue BU                      | ns less than or ed<br>JT NOT GREATE<br>A        | qual to 60 m<br>ER THAN 1:<br>ACCIDEI             | nonths at issue 20 MONTHS  NT AND  1  remiums             | ue, prio<br>6, prior         | or year \$ year \$  LTH IN 2 ect Premiu        | NSUF            | PANCE Dividend Credited Busi  | 3<br>s Paid Or<br>On Direct  | Direct Losses            | s Paid | Direct Losses                      |
| 22. (a) Inc. Lo  24. 24.1 24.2 24.3                                | Ssued during year  | nsurance prance Loar at issue BU  Benefits F  al)     | ns less than or ed<br>JT NOT GREATE<br>A        | qual to 60 m<br>ER THAN 1:<br>ACCIDEI             | nonths at issue 20 MONTHS  NT AND  1                      | ue, prios, prior HEA         | or year \$ year \$  LTH IN 2 ect Premiu        | NSUF            | PANCE Dividend Credited Busi  | 3<br>s Paid Or<br>On Direct  | Direct Losses            |        | Direct Losses                      |
| 22. (a) Inc<br>Inc<br>Lo   | Ssued during year  | nsurance prance Loar at issue BU  Benefits F  al)     | Plan e taxes or fees                            | qual to 60 m<br>ER THAN 1:<br>ACCIDEI             | nonths at issue 20 MONTHS  NT AND  1  remiums             | ue, prios, prior HEA         | or year \$ year \$ LTH IN 2 ect Premit Earned  | NSUF            | PANCE Dividend Credited Busi  | 3<br>s Paid Or<br>On Direct  | Direct Losses            |        | Direct Losses<br>Incurred          |
| 24. (a) Inc. Lo  24. 24.1  24.2  24.3  24.4  25.1                  | Group Policies (b) Federal Employees Health premium (b) Correctif (Group and Individual Code Code Code Code Code Code Code Code  | nsurance prance Loar at issue BU  Benefits F  al)     | Plan e taxes or fees                            | pual to 60 m<br>ER THAN 1:<br>ACCIDEI<br>Direct P | nonths at issue 20 MONTHS  NT AND  1  remiums  04,271,279 | ue, prios, prior HEA         | or year \$ year \$ LTH IN 2 ect Premit Earned  | NSUF            | PANCE Dividend Credited Busi  | 3<br>s Paid Or<br>On Direct  | Direct Losses            |        | Direct Losses<br>Incurred          |
| 24. (a) Incc Inc Lo  24. 24.1  24.2  24.3  24.4  25.1  25.2        | Group Policies (b) Federal Employees Health premium (b) Collectively renewable policies: Non-cancelable (b)  | Benefits F al)  | Plan e taxes or fees                            | pual to 60 m<br>ER THAN 1:<br>ACCIDE!<br>Direct P | nonths at issue 20 MONTHS  NT AND  1  remiums  04,271,279 | ue, prios, prior HEA         | or year \$ year \$ LTH IN 2 ect Premit Earned  | NSUF            | PANCE Dividend Credited Busi  | 3<br>s Paid Or<br>On Direct  | Direct Losses            |        | Direct Losses<br>Incurred          |
| 24. 24.1<br>24.2<br>24.3<br>24.4<br>25.1<br>25.2<br>25.3           | Group Policies (b)  Group Policies (b)  Federal Employees Health premium (b)  Credit (Group and Individual Collectively renewable policies: Non-cancelable (b)  Guaranteed renewable (b)  Support of the renewable (b)  Guaranteed renewable (b)  Non-renewable for stated in force (Net)  Other Individual Policies: Non-cancelable (b)  Culture Policies (b)  Guaranteed renewable (b)   | Benefits F al) cies (b) treasons on                   | Plan e taxes or fees                            | Direct P  | nonths at issue 20 MONTHS  NT AND  1  remiums  04,271,279 | ue, prios, prior HEA         | or year \$ year \$ LTH IN 2 ect Premit Earned  | NSUF            | PANCE Dividend Credited Busi  | 3<br>s Paid Or<br>On Direct  | Direct Losses            |        | Direct Losses<br>Incurred          |
| 24. (a) Inc. Lo  24. 1 24.2 24.3 24.4 25.1 25.2 25.3 25.4          | Ssued during year  | Benefits F al) cies (b) trom stat                     | Plan e taxes or fees                            | Direct P  | nonths at issue 20 MONTHS  NT AND  1  remiums  04,271,279 | ue, prios, prior HEA         | or year \$ year \$ LTH IN 2 ect Premit Earned  | NSUF            | PANCE Dividend Credited Busi  | 3<br>s Paid Or<br>On Direct  | Direct Losses            |        | Direct Losses<br>Incurred          |
| 24. (a) Inc. Lo  24. 1 24.2 24.3 24.4 25.1 25.3 25.4 25.5          | Ssued during year  | Benefits F al) cies (b) reasons on                    | Plan e taxes or fees                            | Direct P  | nonths at issue 20 MONTHS  NT AND  1  remiums  04,271,279 | Dire                         | or year \$ year \$ LTH IN 2 ect Premit Earned  | NSUF            | PANCE Dividend Credited Busi  | 3 s Paid Or On Direct        | Direct Losses            | 03,857 | Direct Losses<br>Incurred          |
| 24. (a) Inc. Lo  24. 24.1  24.2  25.1  25.2  25.3  25.4  25.6  26. | Group Policies (b) Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual Collectively renewable policies: Non-cancelable (b) Guaranteed renewable (b) Curent group Credit Life Insulans greater than 60 months  Group Policies (b) Federal Employees Health premium (b) Credit (Group and Individual Collectively renewable policies: Non-cancelable (b) Curent Individual Policies: Non-cancelable (b) Curent Group and Individual Policies: Non-cancelable (b) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent Group Collectively Fenewable (c) Curent | Benefits F al) cies (b) reasons on                    | Plan e taxes or fees  ly (b)                    | Direct P  | nonths at issue 20 MONTHS  NT AND  1  remiums  04,271,279 | Le, price<br>S, prior<br>HEA | or year \$ year \$  LTH IN 2 ect Premiu Earned | NSUF<br>ums<br> | PANCE Dividend Credited Busi  | 3 s Paid Or On Direct ness   | Direct Losses  100 106,1 | 03,857 | Direct Losses Incurred  96,955,706 |

insured under indemnity only products ......0 .



SLIDDI EMENT EOR THE VEAR 2017 OF

| DIRECT BUSINESS IN THE STATE OF Montana NAIC Group Code 4667   |                                  | IFE INSURA                          | DURING THE YEAR 2017 NAIC Company Code 12575 |                           |                 |                  |
|--|----------------------------------|-------------------------------------|--|---------------------------|-----------------|------------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS   | 1<br>Ordinary                    | 2<br>Credit Life (Greand Individual |  | 3<br>iroup                | 4<br>Industrial | 5<br>Total       |
| Life insurance      Annuity considerations   |                                  |                                     |  |                           |                 |                  |
| Deposit-type contract funds     Other considerations   |                                  | xxx                                 |  |                           | XXX             |                  |
| 5. Totals (Sum of Lines 1 to 4)  |                                  |                                     |  |                           |                 |                  |
| DIRECT DIVIDENDS TO POLICYHOLDERS  Life insurance:   |                                  |                                     |  |                           |                 |                  |
| 6.1 Paid in cash or left on deposit  |                                  |                                     |  |                           |                 |                  |
| 6.3 Applied to provide paid-up additions or shorten  |                                  |                                     |  |                           |                 |                  |
| the endowment or premium-paying period 6.4 Other   |                                  |                                     |  |                           |                 |                  |
| 6.5 Totals (sum of Line 6.1 to 6.4)  |                                  |                                     |  |                           |                 |                  |
| 7.1 Paid in cash or left on deposit  |                                  |                                     |  |                           |                 |                  |
| 7.2 Applied to provide paid-up annuities   |                                  |                                     |  |                           |                 |                  |
| 7.4 Totals (sum of Lines 7.1 to 7.3)   |                                  |                                     |  |                           |                 |                  |
| DIRECT CLAIMS AND BENEFITS PAID  |                                  |                                     |  |                           |                 |                  |
| Death benefits      Matured endowments   |                                  |                                     |  |                           |                 |                  |
| Annuity benefits      Surrender values and withdrawals for life contracts  |                                  | -                                   |  |                           |                 |                  |
| Aggregate write-ins for miscellaneous direct claims and benefits paid  |                                  |                                     |  |                           |                 |                  |
| 14. All other benefits, except accident and health   |                                  |                                     |  |                           |                 |                  |
| 15. Totals  DETAILS OF WRITE-INS   |                                  |                                     |  |                           |                 |                  |
| 1301.  |                                  |                                     |  |                           |                 |                  |
| 1302.<br>1303.   |                                  |                                     |  |                           |                 |                  |
| 1398. Summary of Line 13 from overflow page  |                                  |                                     |  |                           |                 |                  |
| above)   |                                  |                                     |  |                           |                 |                  |
| Ordinary   | Credit Life<br>(Group and Indivi | dual)                               | Group  | Inc                       | dustrial        | Total            |
| DIRECT DEATH 1 2 BENEFITS AND  | 3 4<br>No. of                    | 5                                   | 6  | 7                         | 8               | 9 10             |
| MATURED<br>ENDOWMENTS  | Ind.Pols.<br>& Gr.               | No. of                              |  |                           |                 |                  |
| INCURRED No. Amount  | Certifs. Amou                    |                                     | Amount                                       | No.                       | Amount          | No. Amount       |
| 16. Unpaid December 31, prior year   |                                  |                                     |  |                           |                 |                  |
| 17. Incurred during current year Settled during current year:  |                                  |                                     |  |                           |                 |                  |
| 18.1 By payment in full  |                                  |                                     |  |                           |                 |                  |
| compromised claims   |                                  |                                     |  |                           |                 |                  |
| 18.4 Reduction by  |                                  |                                     |  | <u></u>                   |                 |                  |
| compromise   |                                  |                                     |  |                           |                 |                  |
| 18.6 Total settlements   |                                  |                                     |  |                           |                 |                  |
| year (16+17-18.6)  |                                  | . of                                | `  |                           |                 |                  |
| POLICY EXHIBIT   |                                  | Policies                            |  |                           |                 |                  |
| 20. In force December 31, prior year   | (a)                              |                                     |  |                           |                 |                  |
| Issued during year      Other changes to in force  |                                  |                                     |  |                           |                 |                  |
| (Net)  |                                  |                                     |  |                           |                 |                  |
| current year (a) Includes Individual Credit Life Insurance prior year \$   | (a)                              | current year \$ .                   |  |                           |                 |                  |
| Includes Group Credit Life Insurance Loans less than or ed<br>Loans greater than 60 months at issue BUT NOT GREATE | qual to 60 months at is:         | sue, prior year \$                  |  |                           | •               |                  |
| · ·  | ACCIDENT AND                     |                                     |  |                           | ient year ψ     |                  |
|  | 1                                | 2                                   |  | 3                         | 4               | 5                |
|  |                                  | Direct Premiu                       | ms Credited                                  | ds Paid Or<br>d On Direct |                 | Direct Losses    |
| 24. Group Policies (b)   | Direct Premiums                  | Earned                              | Bu   | siness                    | Direct Losses P | aid Incurred     |
| 24.1 Federal Employees Health Benefits Plan premium (b)  |                                  |                                     |  |                           |                 |                  |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)  |                                  |                                     |  |                           |                 |                  |
| 24.4 Medicare Title XVIII exempt from state taxes or fees  | 13,813,603                       | 14,140                              | ), 116                                       | 0                         | 12,047          | ,04611,010,483   |
| Other Individual Policies: 25.1 Non-cancelable (b)   |                                  |                                     |  |                           |                 |                  |
| 25.2 Guaranteed renewable (b)  |                                  |                                     |  |                           |                 |                  |
| 25.3 Non-renewable for stated reasons only (b)   |                                  |                                     |  |                           |                 |                  |
| 25.5 All other (b)   |                                  |                                     |  |                           |                 |                  |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)   | 13,813,603                       | 14,140                              | ), 116                                       | 0                         | 12,047          | ,046 11,010,483  |
| (b) For health business on indicated lines report: Number insured under indemnity only products                    | •                                | ler PPO managed                     | care products                                |                           | 0 and n         | umber of persons |

insured under indemnity only products



| DIRECT BUSINESS IN THE NAIC Group Code 4667  | STATE O         | F Nebraska      |                   | LI                         | FE I                    | NSUR               | ANCE     | E        |              |                |              | YEAR 2017<br>Code 12575 |
|--|-----------------|-----------------|-------------------|----------------------------|-------------------------|--------------------|----------|----------|--------------|----------------|--------------|-------------------------|
| ·  | DIRECT PREMIUMS |                 |                   |                            | 2<br>Credit Life (Group |                    |          | 3        |              | 4              |              | 5                       |
| AND ANNUITY C  | ONSIDERA        | ATIONS          | Ordi              | nary                       |                         | nd Individu        |          | Gr       | oup          | Industria      | I            | Total                   |
| Life insurance     Annuity considerations  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| Deposit-type contract fund   |                 | r               |                   |                            |                         | XXX                |          |          |              | XXX            |              |                         |
| Other considerations   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 5. Totals (Sum of Lines 1 to   | ,               |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| DIRECT DIVIDENDS   | TO POLICY       | YHOLDERS        |                   |                            |                         |                    |          |          |              |                |              |                         |
| Life insurance:  | danasit         |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 6.1 Paid in cash or left on 6.2 Applied to pay renewa  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 6.3 Applied to provide paid  | •               |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| the endowment or pre   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
|  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 6.5 Totals (sum of Line 6.1  | 1 to 6.4)       |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| Annuities:<br>7.1 Paid in cash or left on  | denosit         |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 7.1 Applied to provide paid  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 7.3 Other  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 7.4 Totals (sum of Lines 7   |                 |                 | <b></b>           |                            |                         |                    |          |          |              |                |              |                         |
| 8. Grand Totals (Lines 6.5 pl  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| DIRECT CLAIMS A  |                 |                 | W                 |                            |                         |                    |          |          |              |                |              |                         |
| Death benefits  Metured and summents   |                 |                 | <b>V</b>          |                            | <b>J</b>                | <u></u>            |          |          |              |                |              |                         |
| <ol> <li>Matured endowments</li> <li>Annuity benefits</li> </ol>                             |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| Annuity benefits  12. Surrender values and with  |                 | r i             |                   |                            |                         |                    |          |          |              |                |              |                         |
| Aggregate write-ins for mis  |                 | F               |                   |                            |                         |                    |          | <u> </u> |              | 1              |              |                         |
| and benefits paid  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 14. All other benefits, except a   | accident and    | d health        |                   |                            |                         |                    |          |          |              |                |              |                         |
| 15. Totals  DETAILS OF WRITE-INS   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 1301.  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 1302.  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 1303.  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 1398. Summary of Line 13 from  | overflow pa     | ge              |                   |                            |                         |                    |          |          |              |                |              |                         |
| 1399. Totals (Lines 1301 thru 13   | 03 plus 139     | 98) (Line 13    |                   |                            |                         |                    |          |          |              |                |              |                         |
| above)   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
|  |                 | Ordinary        |                   | Credit Life<br>and Individ | ual)                    |                    | Groun    | n        |              | nductrial      |              | Total                   |
| DIRECT DEATH   | 1               | Ordinary<br>2   | 3                 | 4                          | uai)                    | 5                  | Group    | ρ<br>6   | 7            | ndustrial<br>8 | 9            | 10181                   |
| BENEFITS AND   |                 | _               | No. of            |                            |                         |                    |          |          | ,            | Ü              |              |                         |
| MATURED  |                 |                 | Ind.Pols.         |                            |                         |                    |          |          |              |                |              |                         |
| ENDOWMENTS<br>INCURRED   | No.             | Amount          | & Gr.<br>Certifs. | Amour                      | nt                      | No. of<br>Certifs. | А        | mount    | No.          | Amount         | No.          | Amount                  |
| 16. Unpaid December 31, prior  | 140.            | Amount          | Oortiio.          | 7111001                    |                         | OUTUIO.            | ,,,      | inount   | 110.         | Timoditi       | 140.         | 7 iiiount               |
| year   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 17. Incurred during current year   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| Settled during current year:<br>18.1 By payment in full                                      |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 18.2 By payment on   | *               |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| compromised claims   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 18.3 Totals paid   |                 |                 |                   |                            |                         | <b></b>            |          |          |              |                |              |                         |
| 18.4 Reduction by compromise   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 18.5 Amount rejected   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 18.6 Total settlements   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 19. Unpaid Dec. 31, current  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| year (16+17-18.6)  |                 |                 |                   |                            |                         | . of               |          |          |              |                |              |                         |
| POLICY EXHIBIT   |                 |                 |                   |                            |                         | Policies           |          |          |              |                |              |                         |
| 20. In force December 31, prior  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| year21. Issued during year   | <del> </del>    |                 |                   | (a)                        |                         | †                  | <b></b>  |          | <del> </del> |                | <del> </del> |                         |
| 22. Other changes to in force  | +               |                 |                   |                            |                         | <b>+</b>           | t        |          |              |                |              |                         |
| (Net)  | <b></b>         |                 |                   |                            |                         | <b></b>            | ļ        |          | <b></b>      |                | ļ            |                         |
| 23. In force December 31 of current year   |                 |                 |                   | (a)                        |                         |                    |          |          |              |                |              |                         |
| (a) Includes Individual Credit Life I  | nsurance pi     | rior year \$    |                   |                            | urrent                  | vear \$            | l        |          |              |                |              |                         |
| Includes Group Credit Life Insu  |                 | •               |                   |                            |                         |                    |          |          | , CI         | urrent year \$ |              |                         |
| Loans greater than 60 months   | at issue BU     | IT NOT GREATE   | R THAN 1          | 20 MONTHS                  | , prior                 | year \$            |          |          | , CI         | urrent year \$ |              |                         |
|  |                 | ٨               | CCIDE             | NT AND                     | HE/                     | ) TH I             | NGIIE    | SANCE    |              |                |              |                         |
|  |                 |                 |                   | 1 AND                      |                         | 2<br>2             | 1001     |          | 3            | 4              |              | 5                       |
|  |                 |                 |                   |                            |                         | _                  |          | Dividend | ls Paid Or   |                |              | -                       |
|  |                 |                 | Direct D          | romiumo                    | Dir                     | ect Premi          | ums      |          | On Direct    |                | Paid         | Direct Losses           |
| 24. Group Policies (b)   |                 |                 | Direct P          | remiums                    |                         | Earned             |          | Bus      | iness        | Direct Losses  | raid         | Incurred                |
| 24.1 Federal Employees Health  | n Benefits P    | lan             |                   |                            |                         |                    |          | <b> </b> |              | -              |              |                         |
| premium (b)  |                 |                 |                   |                            |                         |                    |          | ļ        |              | -              | <b> </b>     |                         |
| 24.2 Credit (Group and Individu  | ıal)            |                 |                   |                            |                         |                    |          | <b>}</b> |              | - }            |              |                         |
| <ul><li>24.3 Collectively renewable pol</li><li>24.4 Medicare Title XVIII exemptor</li></ul> |                 |                 |                   | 26 /61 152                 |                         | 27 , 10            | )5 000   | <b></b>  |              |                |              | 00 007 000              |
| Other Individual Policies:   | pi nom state    | e lanes UI IEES |                   | 26,461,152                 |                         | 21,10              | JO, U99  | <b>†</b> | (            | 25,6           | טסכ,טט       | 23,397,606              |
| 25.1 Non-cancelable (b)  |                 |                 |                   |                            |                         |                    |          | L        |              | . L            |              |                         |
| 25.2 Guaranteed renewable (b)  |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 25.3 Non-renewable for stated  | reasons onl     | ly (b)          |                   |                            |                         |                    |          |          |              |                |              |                         |
| 25.4 Other accident only   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 25.5 All other (b)   |                 |                 |                   |                            |                         |                    |          |          |              |                |              |                         |
| 25.6 Totals (sum of Lines 25.1   |                 |                 |                   |                            |                         | 07.40              |          |          |              |                |              | 0                       |
| 26. Totals (Lines 24 + 24.1 + 2  |                 |                 |                   | 26,461,152                 | * DDC                   |                    | 05,099   |          |              |                | 06,560       | 23,397,606              |
| (b) For health business on indi-   |                 |                 |                   | nsured unde                | er PPC                  | managed            | a care p | products |              | U and          | number of    | r persons               |

insured under indemnity only products



| 9   | NIDDI E  | MENT FOR                       | THE V   | EAR 2017                      |   | 2           | . 7 .                | 2 1                                   |               | 6 7      |                          |
|---|--|--------------------------------|---|-------------------------------|---|-------------|----------------------|---------------------------------------|---------------|----------|--------------------------|
| DIRECT BUSINESS IN THE  |  |                                | LIF   | E INSUR                       | DURING THE YEAR 2017<br>NAIC Company Code 12575 |             |                      |                                       |               |          |                          |
| =   | REMIUMS  |                                |   | 1                             | Credit Life (G                                  |             |                      | 3                                     |               |          | 5                        |
| 1. Life insurance   |  |                                | Ord   | linary                        | and Individu                                    | ıaı)        | Gr                   | oup                                   | Industria     | al       | Total                    |
| <ol> <li>Annuity considerations</li> <li>Deposit-type contract fund</li> </ol>  |  | li di                          |   |                               | XXX   |             |                      |                                       | XXX           |          |                          |
| Other considerations  |  |                                |   |                               |   |             |                      |                                       |               |          |                          |
| <ol> <li>Totals (Sum of Lines 1 to 4</li> <li>DIRECT DIVIDENDS</li> </ol>   | ,  | YHOLDERS                       |   |                               |   |             |                      |                                       |               |          |                          |
| Life insurance: 6.1 Paid in cash or left on 6.2 Applied to pay renewal 6.3 Applied to provide paid the endowment or pre 6.4 Other 6.5 Totals (sum of Line 6.1 Annuities: 7.1 Paid in cash or left on 7.2 Applied to provide paid 7.3 Other 7.4 Totals (sum of Lines 7 8. Grand Totals (Lines 6.5 pl | I premiums d-up additio mium-payir I to 6.4) deposit J-up annuiti 1 to 7.3) us 7.4) ND BENEF   | es                             |   |                               |   |             |                      |                                       |               |          |                          |
| <ol> <li>Death benefits</li> <li>Matured endowments</li> <li>Annuity benefits</li> <li>Surrender values and with</li> <li>Aggregate write-ins for mis and benefits paid</li> <li>All other benefits, except at</li> <li>Totals</li> <li>DETAILS OF WRITE-INS</li> <li>1301</li> <li>1302</li> </ol> | drawals for<br>scellaneous<br>accident and   | life contracts s direct claims |   |                               |   |             |                      |                                       |               |          |                          |
| 1303  | overflow pa  | <br>ige                        |   |                               |   |             |                      |                                       |               |          |                          |
|   |  | Ordinary                       |   | Credit Life<br>p and Individu | al)   | Group       | `                    | In                                    | dustrial      |          | Total                    |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED   | 1<br>No.   | 2 Amount                       | 3<br>No. of<br>Ind.Pols.<br>& Gr.<br>Certifs. | 4                             | 5<br>No. of                                     |             | 6<br>mount           | 7 No.                                 | 8 Amount      | 9<br>No. | 10 Amount                |
| 16. Unpaid December 31, prior   | 140.   | rundant                        | O O T LITO.                                   | 7 tilloune                    | Cortilo   | ,           |                      | 140.                                  | 7 uno ant     | 110.     | 7 tilloditt              |
| year  |  |                                |   |                               |   |             |                      |                                       |               |          |                          |
| POLICY EXHIBIT  20. In force December 31, prior year  |  |                                |   | (a)                           | Policies  |             |                      |                                       |               |          |                          |
| <ul> <li>(a) Includes Individual Credit Life I<br/>Includes Group Credit Life Insu<br/>Loans greater than 60 months</li> </ul>  | ırance Loar  | ns less than or eq             | ual to 60 n                                   | nonths at issue               | e, prior year \$                                |             |                      | , cur                                 |               |          |                          |
|   |  | A                              |   |                               | HEALTH II                                       | NSUF        |                      | 2                                     | · ·           | 1        | -                        |
| 24. Group Policies (b)  |  |                                |   | remiums                       | 2<br>Direct Premir<br>Earned                    | ums         | Dividend<br>Credited | 3<br>Is Paid Or<br>On Direct<br>iness | Direct Losses | s Paid   | 5 Direct Losses Incurred |
| premium (b)   | 1.1 Federal Employees Health Benefits Plan premium (b) 1.2 Credit (Group and Individual) 1.3 Collectively renewable policies (b) 1.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 1.5 Non-cancelable (b) 1.6 Guaranteed renewable (b) |                                |   | 11,202,025                    | 11,94   | 41,768      |                      | 0                                     | 8,7           | 714,931  | 7,964,760                |
| 25.4 Other accident only  | to 25.5)<br>24.2 + 24.3  | + 24.4 + 25.6)                 |   | 011,202,025                   | 11,94   | 0<br>41,768 |                      | 0                                     | -,.           | 714,931  | 7,964,760                |

insured under indemnity only products



current year \$

SUPPLEMENT FOR THE YEAR 2017 OF THE

| IRECT BUSINESS IN THE S<br>AIC Group Code 4667   | STATE C      | OF New Hamps   | shire               | LIF           | E INSUR              | ANCE    |       |            |     | EAR 2017<br>Code 1257 |
|--|--------------|----------------|---------------------|---------------|----------------------|---------|-------|------------|-----|-----------------------|
| DIRECT P   |              |                |                     | 1             | 2<br>Credit Life (Gr | oup     | 3     | 4          |     | 5                     |
| Life insurance   |              |                |                     | inary         | and Individu         | ai)     | Group | Industria  |     | Total                 |
| Annuity considerations   |              |                |                     |               |                      |         |       |            |     |                       |
| <ol> <li>Deposit-type contract funds</li> </ol>  | S            |                |                     |               | XXX                  |         |       | XXX        |     |                       |
| 4. Other considerations  |              |                |                     |               |                      |         |       |            |     |                       |
| 5. Totals (Sum of Lines 1 to 4   | ,            |                |                     |               |                      |         |       |            |     |                       |
| DIRECT DIVIDENDS   | TO POLIC     | YHOLDERS       |                     |               |                      |         |       |            |     |                       |
| Life insurance:  |              |                |                     |               |                      |         |       |            |     |                       |
| 6.1 Paid in cash or left on o  |              |                |                     |               |                      | T       |       |            |     |                       |
| <ul><li>6.2 Applied to pay renewal</li><li>6.3 Applied to provide paid<br/>the endowment or prei</li></ul> | -up addition | ons or shorten |                     |               |                      |         |       |            |     |                       |
| 6.4 Other  |              |                |                     |               |                      |         |       |            |     |                       |
| 6.5 Totals (sum of Line 6.1  | to 6.4)      |                |                     |               |                      |         |       |            |     |                       |
| Annuities:   |              |                |                     |               |                      |         |       |            |     |                       |
| 7.1 Paid in cash or left on o  | •            |                |                     |               |                      |         |       |            |     |                       |
| 7.2 Applied to provide paid 7.3 Other  |              |                |                     |               |                      |         |       |            |     |                       |
| 7.4 Totals (sum of Lines 7.  |              |                | <b>\</b>            |               |                      |         |       |            |     |                       |
| Grand Totals (Lines 6.5 plus)  | ,            |                | <b>7</b>            |               |                      |         |       |            |     |                       |
| DIRECT CLAIMS A  |              | FITS PAID      | 1                   |               | <del>       </del>   |         |       |            |     |                       |
| . Death benefits   |              |                |                     |               | <b>7</b>             |         |       |            |     |                       |
| ). Matured endowments  |              |                |                     |               | 7                    |         |       |            |     |                       |
| I. Annuity benefits  |              | i i            |                     |               |                      |         |       |            |     |                       |
| 2. Surrender values and with   |              |                |                     |               |                      |         |       |            |     |                       |
| <ol> <li>Aggregate write-ins for mis<br/>and benefits paid</li> </ol>                                      |              |                |                     |               |                      |         |       |            |     |                       |
| 4. All other benefits, except a  |              |                |                     |               |                      |         |       |            |     |                       |
| 5. Totals  |              |                |                     |               |                      |         |       |            |     |                       |
| DETAILS OF WRITE-INS   |              |                |                     |               |                      |         |       |            |     |                       |
| 01   |              |                |                     |               |                      |         |       |            |     |                       |
| 02   |              |                |                     |               |                      |         |       |            |     |                       |
| 03<br>98. Summary of Line 13 from o  |              |                |                     |               |                      |         |       |            |     |                       |
| 99. Totals (Lines 1301 thru 13   |              | -              |                     |               |                      |         |       |            |     |                       |
| above)   | oo piao 10   | (Line 10       |                     |               |                      |         |       |            |     |                       |
|  |              |                |                     | Credit Life   |                      |         |       |            |     |                       |
|  |              | Ordinary       |                     | and Individua |                      | Group   |       | Industrial |     | Total                 |
| DIRECT DEATH<br>BENEFITS AND   | 1            | 2              | 3<br>No of          | 4             | 5                    | 6       | 7     | 8          | 9   | 10                    |
| MATURED  |              |                | No. of<br>Ind.Pols. |               |                      |         |       |            |     |                       |
| ENDOWMENTS   |              |                | & Gr.               |               | No. of               |         |       |            |     |                       |
| INCURRED   | No.          | Amount         | Certifs.            | Amount        | Certifs.             | Amount  | No.   | Amount     | No. | Amount                |
| . Unpaid December 31, prior  |              |                |                     |               |                      |         |       |            |     |                       |
| year   |              |                |                     |               |                      |         |       |            |     |                       |
| Settled during current year:   |              |                |                     |               |                      |         |       |            |     |                       |
| 18.1 By payment in full  |              |                |                     |               |                      |         |       |            |     |                       |
| 18.2 By payment on compromised claims  |              |                |                     |               |                      |         |       |            |     |                       |
| 18.3 Totals paid   |              | -              |                     |               |                      |         |       |            |     |                       |
| compromise   |              |                |                     |               |                      |         |       |            |     |                       |
| 18.5 Amount rejected   |              |                |                     |               |                      |         |       |            |     |                       |
| 18.6 Total settlements   |              |                | . <b></b>           |               |                      | <b></b> |       |            |     |                       |
| Unpaid Dec. 31, current  |              |                |                     |               |                      |         |       |            |     |                       |
| year (16+17-18.6)  |              |                | 1                   |               | , of                 | ┱┺      |       |            |     |                       |
| POLICY EXHIBIT   |              |                |                     |               | Policies             |         |       |            |     |                       |
| In force December 31, prior  |              |                |                     |               |                      |         |       |            |     |                       |
| year   |              | -              |                     | .(a)          |                      |         |       |            |     | ļ                     |
| Issued during year Other changes to in force   |              | -              |                     |               |                      |         |       |            |     |                       |
| (Net)  |              |                |                     |               |                      |         |       |            |     |                       |
| . In force December 31 of  |              |                |                     |               |                      |         |       |            |     |                       |

(a) Includes Individual Credit Life Insurance prior year \$ ......, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ .., current year \$ **ACCIDENT AND HEALTH INSURANCE** 

(a)

current year

|      | ACCIDENT AND HEALTH INSORANCE                        |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
|------|--|-----------------|-----------------|--------------------|--------------------|---------------|--|--|--|--|--|--|--|
|      |  | 1               | 2               | 3                  | 4                  | 5             |  |  |  |  |  |  |  |
|      |  |                 |                 | Dividends Paid Or  |                    |               |  |  |  |  |  |  |  |
|      |  |                 | Direct Premiums | Credited On Direct |                    | Direct Losses |  |  |  |  |  |  |  |
|      |  | Direct Premiums | Earned          | Business           | Direct Losses Paid | Incurred      |  |  |  |  |  |  |  |
| 24.  | Group Policies (b)                                   |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 24.1 | Federal Employees Health Benefits Plan premium (b)   |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 24.2 | Credit (Group and Individual)                        |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 24.3 | Collectively renewable policies (b)                  |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | 10,812,671      | 11,948,061      | 0                  | 9,412,311          | 8,601,941     |  |  |  |  |  |  |  |
|      | Other Individual Policies:                           |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 25.1 | Non-cancelable (b)                                   |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 25.2 | Guaranteed renewable (b)                             |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 25.3 | Non-renewable for stated reasons only (b)            |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 25.4 | Other accident only                                  |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 25.5 | All other (b)  |                 |                 |                    |                    |               |  |  |  |  |  |  |  |
| 25.6 | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0               | 0                  | 0                  | 0             |  |  |  |  |  |  |  |
| 26.  | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 10,812,671      | 11,948,061      | 0                  | 9,412,311          | 8,601,941     |  |  |  |  |  |  |  |

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 10,812,671 11,948,061 0 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products .....0 .



|  |   | MENT FOR                         |                   | EAR 2017       | 7 OF    | THE                              | Silve | 5 7 5<br>rScript I | nsuranc                        |                |         |                            |
|--|---|----------------------------------|-------------------|----------------|---------|----------------------------------|-------|--------------------|--------------------------------|----------------|---------|----------------------------|
| DIRECT BUSINESS IN THE S<br>NAIC Group Code 4667   | STATE O   | F New Jersey                     |                   |                | FE II   | NSUR/                            | ANCE  |                    |                                | NAIC           |         | YEAR 2017<br>ny Code 12575 |
| DIRECT P<br>AND ANNUITY C  | REMIUMS   |                                  |                   | 1<br>dinary    |         | 2<br>dit Life (Gı<br>ıd Individu |       |                    | 3<br>oup                       | 4<br>Industria | al      | 5<br>Total                 |
| Life insurance     Annuity considerations  |   |                                  |                   | arriar y       |         |                                  |       |                    |                                |                |         |                            |
| Deposit-type contract funds     Other considerations   |   |                                  |                   |                |         | XXX                              |       |                    |                                | xxx.           |         |                            |
| 5. Totals (Sum of Lines 1 to 4   | <b>!</b> )  |                                  |                   |                |         |                                  |       |                    |                                |                |         |                            |
| Life insurance: 6.1 Paid in cash or left on c 6.2 Applied to pay renewal 6.3 Applied to provide paid the endowment or pref 6.4 Other 6.5 Totals (sum of Line 6.1 Annuities: 7.1 Paid in cash or left on c  | deposit<br>premiums<br>-up additio<br>mium-payir<br>to 6.4) | ns or shorten                    |                   |                |         |                                  |       |                    |                                |                |         |                            |
| 7.2 Applied to provide paid 7.3 Other  | •   |                                  |                   |                |         |                                  |       |                    |                                |                |         |                            |
| 7.4 Totals (sum of Lines 7.<br>8. Grand Totals (Lines 6.5 plu  | 1 to 7.3)   |                                  |                   |                |         |                                  |       |                    |                                |                |         |                            |
| DIRECT CLAIMS AI  9. Death benefits  | ND BENEF  | -                                | V                 |                | J       | 17                               |       |                    |                                |                |         |                            |
| 10. Matured endowments   |   |                                  | <b>——————</b>     |                |         |                                  |       |                    |                                | †              |         |                            |
| <ul><li>11. Annuity benefits</li><li>12. Surrender values and without the surrender values and without the surrender values and without the surrender values and without the surrender values and without the surrender values are surrender values.</li></ul> | drawals for   | life contracts                   |                   |                |         |                                  |       |                    |                                | ļ              |         |                            |
| 13. Aggregate write-ins for mis and benefits paid  |   |                                  |                   |                |         |                                  |       |                    |                                | <u> </u>       |         |                            |
| <ul><li>14. All other benefits, except a</li><li>15. Totals</li></ul>  | ccident and   | d health                         |                   |                |         |                                  |       |                    |                                |                |         |                            |
| DETAILS OF WRITE-INS 301.  |   |                                  |                   |                |         |                                  |       |                    |                                |                |         |                            |
| 302  |   |                                  |                   |                |         |                                  |       |                    |                                |                |         |                            |
| 303398. Summary of Line 13 from c  | overflow pa   | ge                               |                   |                |         |                                  |       |                    |                                |                |         |                            |
| 399. Totals (Lines 1301 thru 130 above)  | 03 plus 139   | 98) (Line 13                     |                   |                |         |                                  |       |                    |                                |                |         |                            |
|  | (   | Ordinary                         |                   | Credit Life    | ual)    |                                  | Group | )                  | In                             | dustrial       |         | Total                      |
| DIRECT DEATH<br>BENEFITS AND   | 1   | 2                                | 3<br>No. of       | 4              |         | 5                                |       | 6                  | 7                              | 8              | 9       | 10                         |
| MATURED<br>ENDOWMENTS  |   |                                  | Ind.Pols<br>& Gr. |                |         | No. of                           |       |                    |                                |                |         |                            |
| INCURRED  6. Unpaid December 31, prior   | No.   | Amount                           | Certifs.          | Amoun          | t       | Certifs.                         | ıA    | mount              | No.                            | Amount         | No.     | Amount                     |
| year   |   |                                  |                   |                |         |                                  |       |                    |                                |                |         |                            |
| Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims   |   |                                  |                   |                |         |                                  |       |                    |                                |                |         |                            |
| 18.3 Totals paid   |   |                                  |                   |                |         |                                  |       |                    |                                |                |         |                            |
| 18.4 Reduction by compromise   |   |                                  | \ <b>-</b>        |                |         |                                  |       |                    | <b>_</b>                       |                |         |                            |
| 18.5 Amount rejected   |   |                                  |                   |                |         | 77                               |       |                    | <b></b>                        |                |         |                            |
| 9. Unpaid Dec. 31, current<br>year (16+17-18.6)  |   |                                  | N                 |                |         |                                  |       |                    |                                |                |         |                            |
| POLICY EXHIBIT  0. In force December 31, prior year  |   |                                  |                   | (a)            |         | Policies                         |       |                    |                                |                |         |                            |
| 11. Issued during year   |   |                                  |                   |                |         |                                  |       |                    |                                |                |         |                            |
|  |   |                                  |                   | -              |         |                                  |       |                    |                                |                |         |                            |
| current year ) Includes Individual Credit Life Ir  | auranaa n   | rior voor <sup>©</sup>           |                   | (a)            | ırront  | voor ¢                           |       |                    |                                |                |         |                            |
| Includes Group Credit Life Insu  | rance Loar  | ns less than or eq               | jual to 60 n      | nonths at issu | e, pric | or year \$                       |       |                    | , cui                          | rent year \$   |         |                            |
| Loans greater than 60 months a   | at issue bu   |                                  |                   | NT AND I       |         |                                  |       |                    | , cui                          | rent year \$   |         |                            |
|  |   |                                  | CCIDE             | 1              | ПЕР     | 2                                | 1301  | ;                  | 3                              | 4              |         | 5                          |
| 24. Group Policies (b)   |   |                                  | Direct F          | Premiums       | Dire    | ect Premiu<br>Earned             | ıms   | Credited           | s Paid Or<br>On Direct<br>ness | Direct Losse   | s Paid  | Direct Losses<br>Incurred  |
| 24.1 Federal Employees Health premium (b)  | Benefits P  | lan                              |                   |                |         |                                  |       |                    |                                |                |         |                            |
| <ul> <li>24.2 Credit (Group and Individual</li> <li>24.3 Collectively renewable poli</li> <li>24.4 Medicare Title XVIII exempother Individual Policies:</li> <li>25.1 Non-cancelable (b)</li> <li>25.2 Guaranteed renewable (b)</li> </ul>                     | cies (b)<br>ot from state                                   | e taxes or fees                  |                   |                |         | 117 , 79                         | 4,059 |                    | 0                              | 99,            |         | 90,540,45                  |
| P5.3 Non-renewable for stated r<br>P5.4 Other accident only<br>P5.5 All other (b)  | easons on   | ly (b)                           |                   |                |         |                                  |       |                    |                                |                |         |                            |
| <ul> <li>25.6 Totals (sum of Lines 25.1 t</li> <li>26. Totals (Lines 24 + 24.1 + 2</li> <li>(b) For health business on indic</li> </ul>  | 24.2 + 24.3   | + 24.4 + 25.6)<br>report: Number |                   | 105,662,365    |         | 117,79<br>managed                | 4,059 | roducts            | 0                              |                | 076,751 | 90,540,45<br>of persons    |

insured under indemnity only products



| RECT BUSINESS IN THE SIAIC Group Code 4667   | STATE O            | F New Mexico     | )                  | 1.0                           | FF II    | NSUR/                      | ANCE     | <b>:</b> |                 |                                  |         | YEAR 2017<br>y Code 12575 |
|--|--------------------|------------------|--------------------|-------------------------------|----------|----------------------------|----------|----------|-----------------|----------------------------------|---------|---------------------------|
| •  | DEMILIMO           | ,                |                    | 1                             |          | 2                          |          |          | 3               | 4                                | Compan  | 5 5                       |
| AND ANNUITY C  | REMIUMS<br>ONSIDER |                  | Ord                | inary                         |          | dit Life (Gı<br>d Individu |          | Gı       | oup             | Industria                        | al      | Total                     |
| Life insurance   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 2. Annuity considerations  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| Deposit-type contract fund   |                    |                  |                    |                               |          | XXX                        |          |          |                 |                                  |         |                           |
| <ul><li>4. Other considerations</li><li>5. Totals (Sum of Lines 1 to 4</li></ul>   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| DIRECT DIVIDENDS   |                    | YHOLDERS         |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| Life insurance:  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 6.1 Paid in cash or left on  | deposit            |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 6.2 Applied to pay renewal   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 6.3 Applied to provide paid  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| the endowment or pre 6.4 Other   | mum-payii          | ng penod         |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 6.5 Totals (sum of Line 6.1  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| Annuities:   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 7.1 Paid in cash or left on  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 7.2 Applied to provide paid 7.3 Other  | d-up annuit        | ies              |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 7.4 Totals (sum of Lines 7   |                    |                  | <b>\</b>           |                               | •        |                            |          |          |                 |                                  |         |                           |
| 8. Grand Totals (Lines 6.5 pl  | ,                  |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| DIRECT CLAIMS A  |                    | FITS PAID        | 7                  |                               |          |                            | 7        |          |                 |                                  |         |                           |
| 9. Death benefits  |                    |                  |                    |                               |          |                            | <b></b>  |          |                 |                                  |         |                           |
| 10. Matured endowments   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| <ol> <li>Annuity benefits</li> <li>Surrender values and with</li> </ol>            |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| <ol> <li>Surrender values and with</li> <li>Aggregate write-ins for mis</li> </ol> |                    |                  | L                  | +                             |          |                            |          |          |                 |                                  |         |                           |
| and benefits paid  |                    |                  |                    |                               |          |                            |          |          |                 | 4                                |         |                           |
| <ol><li>All other benefits, except a</li></ol>                                     |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 15. Totals   |                    |                  |                    |                               |          |                            |          |          |                 | 1                                |         |                           |
| DETAILS OF WRITE-INS   |                    |                  |                    |                               |          |                            |          |          |                 | 1                                |         |                           |
| 302.   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 303.   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 398. Summary of Line 13 from   | overflow pa        | age              |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 399. Totals (Lines 1301 thru 13  | 03 plus 139        | 98) (Line 13     |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| above)   |                    |                  |                    | 1                             |          |                            |          |          |                 |                                  |         |                           |
|  |                    | Ordinary         |                    | Credit Life<br>p and Individu | ual)     |                            | Group    | ,        |                 | ndustrial                        |         | Total                     |
| DIRECT DEATH   | 1                  | 2                | 3                  | 4                             | uu.,     | 5                          | G. Gap   | 6        | 7               | 8                                | 9       | 10                        |
| BENEFITS AND   |                    |                  | No. of             |                               |          |                            |          |          |                 |                                  |         |                           |
| MATURED<br>ENDOWMENTS  |                    |                  | Ind.Pols.<br>& Gr. |                               |          | No. of                     |          |          |                 |                                  |         |                           |
| INCURRED   | No.                | Amount           | Certifs.           | Amoun                         | nt       | Certifs.                   | A        | mount    | No.             | Amount                           | No.     | Amount                    |
| 6. Unpaid December 31, prior   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| year7. Incurred during current year  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| Settled during current year:   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 18.1 By payment in full  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 18.2 By payment on compromised claims  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 18.3 Totals paid   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 18.4 Reduction by  |                    |                  |                    |                               |          |                            | _        |          |                 |                                  |         |                           |
| compromise   | ,                  |                  |                    |                               |          | · \                        |          |          |                 |                                  |         |                           |
| 18.5 Amount rejected   |                    |                  | <b>\</b>           | -                             | <b>—</b> |                            |          |          | <u> </u>        |                                  |         |                           |
| 9. Unpaid Dec. 31, current   |                    |                  |                    |                               |          |                            | <b>—</b> |          |                 |                                  |         |                           |
| year (16+17-18.6)  |                    |                  | 7                  |                               |          | 1                          |          |          |                 |                                  |         |                           |
| POLICY EXHIBIT   |                    |                  |                    |                               |          | of                         |          |          |                 |                                  |         |                           |
| ). In force December 31, prior   |                    |                  |                    |                               |          | Policies                   |          |          |                 |                                  |         |                           |
| year   |                    |                  |                    | (a)                           |          |                            |          |          | <b>.</b>        |                                  |         |                           |
| Issued during year   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| Other changes to in force     (Net)  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 3. In force December 31 of   |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| current year   |                    | <u> </u>         |                    | (a)                           |          |                            |          |          |                 |                                  |         |                           |
| Includes Individual Credit Life I<br>Includes Group Credit Life Insu               |                    |                  |                    | , C                           |          | •                          |          |          |                 | irrent voor ¢                    |         |                           |
| Loans greater than 60 months   |                    |                  |                    |                               |          |                            |          |          |                 | urrent year \$<br>urrent year \$ |         |                           |
| a serie grando man do montro   |                    |                  |                    |                               | •        | •                          |          |          | , 00            | , σωι ψ                          |         |                           |
|  |                    | Α                |                    | NT AND                        | HEA      |                            | NSUF     |          | 0               | 1 4                              | ı       | _                         |
|  |                    |                  |                    | 1                             |          | 2                          |          |          | 3<br>ds Paid Or | 4                                |         | 5                         |
|  |                    |                  |                    |                               | Dire     | ect Premiu                 | ıms      |          | On Direct       |                                  |         | Direct Losses             |
| M. One D. P. J. W.   |                    |                  | Direct P           | remiums                       |          | Earned                     |          | Bus      | iness           | Direct Losse                     | s Paid  | Incurred                  |
| 24. Group Policies (b)4.1 Federal Employees Health                                 |                    |                  | L                  |                               |          |                            |          |          |                 | - }                              |         |                           |
| 4.1 Federal Employees Healtr<br>premium (b)  |                    |                  |                    |                               |          |                            |          |          |                 | _                                |         |                           |
| 4.2 Credit (Group and Individu   | ıal)               |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 4.3 Collectively renewable pol   |                    |                  |                    |                               |          |                            |          |          |                 |                                  | ····    |                           |
| 4.4 Medicare Title XVIII exemp   | ot from stat       | te taxes or fees |                    | 22,206,340                    |          | 23,39                      | 3,016    |          | (               | 17,0                             | 662,483 | 16,141,00                 |
| Other Individual Policies: 5.1 Non-cancelable (b)                                  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
| 25.1 Non-cancelable (b)<br>25.2 Guaranteed renewable (b)                           |                    |                  |                    |                               |          |                            |          |          |                 | -                                |         |                           |
| 25.3 Non-renewable for stated  |                    |                  |                    |                               |          |                            |          |          |                 |                                  |         |                           |
|  | 20 011             | , (-,            | Γ                  |                               |          |                            |          |          |                 |                                  |         |                           |

25.4 Other accident only

25.5 All other (b)

25.6 Totals (sum of Lines 25.1 to 25.5)

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products

...0

16,141,031

0 17,662,483 ....0 and number of persons



| DIRECT BUSINESS IN THE NAIC Group Code 4667  | STATE OF                       | New York      |                    | LI                         | FE II       | NSUR              | ANCE         | ≣       |                 |                |             | YEAR 2017<br>y Code 12575 |
|--|--------------------------------|---------------|--------------------|----------------------------|-------------|-------------------|--------------|---------|-----------------|----------------|-------------|---------------------------|
| DIRECT F   | PREMIUMS                       |               | 1                  | 1                          | Cred        | 2<br>dit Life (G  | roup         | ·       | 3               | 4              |             | 5                         |
| AND ANNUITY C  | ONSIDERA"                      |               |                    | nary                       | an          | <u>d Individu</u> | al)          | Gr      | oup             | Industr        |             | Total                     |
| Life insurance     Annuity considerations  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| <ol><li>Deposit-type contract fund</li></ol>   | ds                             |               |                    |                            |             |                   |              |         |                 | xxx            |             |                           |
| Other considerations  Totals (Sum of Lines 1 to  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| <ol> <li>Totals (Sum of Lines 1 to 4</li> <li>DIRECT DIVIDENDS</li> </ol>                    | ,                              | HOLDERS       |                    |                            |             |                   |              |         |                 |                |             |                           |
| Life insurance:  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 6.1 Paid in cash or left on  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| <ul><li>6.2 Applied to pay renewa</li><li>6.3 Applied to provide paid</li></ul>              |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| the endowment or pre   | emium-paying                   | period        |                    |                            |             |                   |              |         |                 |                |             |                           |
| 6.4 Other  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 6.5 Totals (sum of Line 6.1<br>Annuities:  | 1 to 6.4)                      |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 7.1 Paid in cash or left on  | deposit                        |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 7.2 Applied to provide paid  | d-up annuitie                  | s             |                    |                            |             | <u></u>           |              |         |                 |                |             |                           |
| 7.3 Other<br>7.4 Totals (sum of Lines 7  |                                |               | <b>\</b>           |                            |             |                   |              |         |                 |                |             |                           |
| 8. Grand Totals (Lines 6.5 pl  | ,                              |               | <b>\</b>           |                            | -11         |                   |              |         |                 |                |             |                           |
| DIRECT CLAIMS A  |                                | TS PAID       | 1                  |                            |             | 11 1              | 7            |         |                 |                |             |                           |
| 9. Death benefits  |                                |               |                    |                            | <b>J</b>    |                   |              |         |                 |                |             |                           |
| Matured endowments     Annuity benefits  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| Annuity benefits  12. Surrender values and with  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 13. Aggregate write-ins for mis  | scellaneous o                  | direct claims |                    |                            |             |                   |              |         |                 |                | <u> </u>    |                           |
| and benefits paid  |                                |               |                    |                            |             |                   |              | L       |                 |                |             |                           |
| 15. Totals   | accident and                   | neam          |                    |                            |             |                   |              |         |                 |                |             |                           |
| DETAILS OF WRITE-INS   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 1301.  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 1302<br>1303   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 1398. Summary of Line 13 from  | overflow pag                   | e             |                    |                            |             |                   |              |         |                 |                |             |                           |
| 1399. Totals (Lines 1301 thru 13   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| above)   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
|  | 0                              | rdinary       |                    | Credit Life<br>and Individ | ual)        |                   | Group        | 2       | li li           | ndustrial      |             | Total                     |
| DIRECT DEATH   | 1                              | 2             | 3                  | 4                          | uaij        | 5                 | Group        | 6       | 7               | 8              | 9           | 10                        |
| BENEFITS AND   |                                |               | No. of             |                            |             |                   |              |         |                 |                |             |                           |
| MATURED<br>ENDOWMENTS  |                                |               | Ind.Pols.<br>& Gr. |                            |             | No. of            |              |         |                 |                |             |                           |
| INCURRED   | No.                            | Amount        | Certifs.           | Amour                      | nt          | Certifs.          | Α            | mount   | No.             | Amount         | No.         | Amount                    |
| 16. Unpaid December 31, prior year   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 17. Incurred during current year   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| Settled during current year:   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 18.1 By payment in full<br>18.2 By payment on  | ·                              |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| compromised claims   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 18.3 Totals paid<br>18.4 Reduction by  | ·                              |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| compromise   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 18.5 Amount rejected   | ·                              |               | <b>\</b>           |                            | <b></b>     |                   |              |         | T               |                |             |                           |
| 18.6 Total settlements   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| year (16+17-18.6)  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| POLICY EXHIBIT   |                                |               |                    |                            |             | of                |              |         |                 |                |             |                           |
| 20. In force December 31, prior  |                                |               |                    |                            |             | Policies          |              |         |                 |                |             |                           |
| year   |                                |               |                    | (a)                        |             |                   |              |         | <del> </del>    |                |             |                           |
| 21. Issued during year<br>22. Other changes to in force                                      |                                |               |                    |                            |             |                   |              |         | <del> </del>    |                |             |                           |
| (Net)  | ļ                              |               |                    |                            |             |                   |              |         | <b></b>         |                |             |                           |
| 23. In force December 31 of<br>current year  |                                |               |                    | (a)                        |             |                   |              |         |                 |                |             |                           |
| (a) Includes Individual Credit Life I  | Insurance pri                  | or year \$    |                    | , C                        | urrent      | year \$           |              |         |                 |                |             |                           |
| Includes Group Credit Life Insu  |                                |               | •                  |                            |             |                   |              |         |                 | irrent year \$ |             |                           |
| Loans greater than 60 months   | at issue BU1                   | NOT GREATE    | ER THAN 12         | 20 MONTHS                  | S, prior    | year \$           |              |         | , CL            | ırrent year \$ |             |                           |
|  |                                |               | CCIDE              | NT AND                     | <u>HE</u> A |                   | <u>NSU</u> F |         |                 |                |             |                           |
|  |                                |               | 1                  | 1                          |             | 2                 |              |         | 3<br>Is Paid Or | 4              |             | 5                         |
|  |                                |               |                    |                            | Dire        | ect Premiu        | ums          |         | On Direct       |                |             | Direct Losses             |
| 04 0: 5 ": "   |                                |               | Direct Pr          | remiums                    |             | Earned            |              | Bus     | iness           | Direct Loss    | es Paid     | Incurred                  |
| <ul><li>24. Group Policies (b)</li><li>24.1 Federal Employees Health</li></ul>               |                                |               |                    |                            |             |                   |              |         |                 | -              |             |                           |
| premium (b)  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 24.2 Credit (Group and Individu  | ,                              |               |                    |                            |             |                   |              |         |                 | .              |             |                           |
| <ul><li>24.3 Collectively renewable pol</li><li>24.4 Medicare Title XVIII exemptor</li></ul> |                                |               |                    | 08,647,424                 |             | 221,85            |              |         | 0               | 200            |             | 183,040,46                |
| Other Individual Policies:   | pt nom state                   | .a 01 1003    | ٤                  | 00,041,424                 |             | £∠1,00            | ,, 300       | <b></b> |                 | 200            |             | ,100,040,40               |
| 25.1 Non-cancelable (b)  |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 25.2 Guaranteed renewable (b)  |                                |               |                    |                            |             |                   |              |         |                 | .              |             |                           |
| <ul><li>25.3 Non-renewable for stated</li><li>25.4 Other accident only</li></ul>             |                                |               |                    |                            | L           |                   |              | l       |                 | -              |             |                           |
| 25.5 All other (b)   |                                |               |                    |                            |             |                   |              |         |                 |                |             |                           |
| 25.6 Totals (sum of Lines 25.1   | to 25.5)                       |               |                    | 0                          |             |                   | 0            |         | 0               |                |             |                           |
| 26. Totals (Lines 24 + 24.1 + 2  |                                |               |                    | 08,647,424                 | B5.2        |                   | 9,955        |         | 0               |                | 298,059     | 183,040,46                |
| (b) For health business on indi-   | cated lines re<br>nlv products | eport: Number | ot persons i       | nsured unde                | r PPO       | managed           | a care p     | roducts |                 | 0 ar           | na number c | r persons                 |

LS206.NY

...0 .

insured under indemnity only products



| DIRECT BUSINESS IN THE<br>IAIC Group Code 4667  | STATE O                 | F North Carol  | ina                | LI                         | FE II | NSUR             | ANCE         | <b>.</b> |                 |              |              | YEAR 2017<br>Code 12575 |
|---|-------------------------|----------------|--------------------|----------------------------|-------|------------------|--------------|----------|-----------------|--------------|--------------|-------------------------|
| ·   | PREMIUMS                | 3              | -                  | l                          |       | 2<br>dit Life (G |              |          | 3               | 4            |              | 5                       |
| AND ANNUITY (   |                         |                | Ordi               | nary                       |       | nd Individu      |              | Gr       | oup             | Industria    | al           | Total                   |
| <ol> <li>Life insurance</li> <li>Annuity considerations</li> </ol>  |                         |                |                    |                            |       |                  |              |          |                 | -            |              |                         |
| Deposit-type contract fund  | ds                      |                |                    |                            |       | XXX              |              |          |                 | XXX          |              |                         |
| 4. Other considerations   |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| <ol> <li>Totals (Sum of Lines 1 to<br/>DIRECT DIVIDENDS</li> </ol>  |                         | VIIOI DEDO     |                    |                            |       |                  |              |          |                 |              |              |                         |
| Life insurance:   | 10 POLIC                | THOLDERS       |                    |                            |       |                  |              |          |                 |              |              |                         |
| 6.1 Paid in cash or left on   | deposit                 |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 6.2 Applied to pay renewa   | al premiums             |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 6.3 Applied to provide pai<br>the endowment or pro  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 6.4 Other   | emum-payıı              | ig period      |                    |                            |       |                  |              |          |                 |              |              |                         |
| 6.5 Totals (sum of Line 6.  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| Annuities:  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| <ul><li>7.1 Paid in cash or left on</li><li>7.2 Applied to provide pai</li></ul>  | •                       |                |                    |                            |       |                  |              |          |                 | -            |              |                         |
| 7.3 Other   |                         |                |                    |                            |       |                  |              |          |                 | ·            |              |                         |
| 7.4 Totals (sum of Lines 7  |                         |                |                    |                            | 7     |                  |              |          |                 |              |              |                         |
| 8. Grand Totals (Lines 6.5 p  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| DIRECT CLAIMS   |                         |                |                    |                            | J     |                  |              |          |                 |              |              |                         |
| <ol> <li>Death benefits</li> <li>Matured endowments</li> </ol>  |                         |                | 7                  |                            |       |                  |              |          |                 | †            |              |                         |
| 11. Annuity benefits  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 12. Surrender values and with   | ndrawals for            | life contracts |                    |                            |       |                  |              |          |                 | ļ            |              |                         |
| 13. Aggregate write-ins for m and benefits paid   |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 14. All other benefits, except  |                         | d health       |                    |                            |       |                  |              |          |                 | <u> </u>     | <u> </u>     |                         |
| 15. Totals  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| DETAILS OF WRITE-INS  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 301.  |                         |                |                    |                            |       |                  |              |          |                 | -            |              |                         |
| 302.<br>303.  |                         |                |                    |                            |       |                  |              |          |                 | -            |              |                         |
| 1398. Summary of Line 13 from   | overflow pa             |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 399. Totals (Lines 1301 thru 13   | 303 plus 139            | 98) (Line 13   |                    |                            |       |                  |              |          |                 |              |              |                         |
| above)  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
|   |                         | Ordinary       |                    | Credit Life<br>and Individ | ual)  |                  | Group        | ,        | lr.             | ndustrial    |              | Total                   |
| DIRECT DEATH  | 1                       | 2              | 3                  | 4                          | uaij  | 5                | Group        | 6        | 7               | 8            | 9            | 10                      |
| BENEFITS AND  |                         |                | No. of             |                            |       |                  |              |          |                 |              |              |                         |
| MATURED<br>ENDOWMENTS   |                         |                | Ind.Pols.<br>& Gr. |                            |       | No. of           |              |          |                 |              |              |                         |
| INCURRED  | No.                     | Amount         | Certifs.           | Amour                      | nt    | Certifs.         | A            | mount    | No.             | Amount       | No.          | Amount                  |
| 16. Unpaid December 31, prior   |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| year<br>17. Incurred during current year  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| Settled during current year:  |                         |                |                    |                            |       | 1                |              |          |                 |              |              |                         |
| 18.1 By payment in full   |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 18.2 By payment on compromised claims   |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 18.3 Totals paid  |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 18.4 Reduction by   |                         |                |                    |                            |       | _                | _            |          |                 |              |              |                         |
| compromise<br>18.5 Amount rejected  |                         |                | \ <del></del>      |                            |       |                  |              |          |                 |              |              |                         |
| 18.6 Total settlements  |                         |                |                    |                            |       | / /              |              |          |                 |              |              |                         |
| 19. Unpaid Dec. 31, current   |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| year (16+17-18.6)   | 1                       |                | +13                |                            |       | of               |              |          |                 |              |              |                         |
| POLICY EXHIBIT  |                         |                |                    |                            |       | Policies         |              |          |                 |              |              |                         |
| 20. In force December 31, prior   |                         |                |                    | (a)                        |       |                  |              |          |                 |              |              |                         |
| year<br>21. Issued during year  |                         |                |                    | (a)                        |       | †                | ļ            |          | †               |              |              |                         |
| 22. Other changes to in force   |                         |                |                    |                            |       | Ī                |              |          |                 |              |              |                         |
| (Net)23. In force December 31 of  | +                       |                |                    |                            |       | <del> </del>     | <b></b>      |          | <del> </del>    |              |              |                         |
| current year  | <u> </u>                |                |                    | (a)                        |       |                  |              |          |                 |              |              |                         |
| ) Includes Individual Credit Life   |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| Includes Group Credit Life Ins<br>Loans greater than 60 months  |                         |                |                    |                            |       |                  |              |          |                 | ,            |              |                         |
| Loans greater than oo months  | at issue De             |                |                    |                            | •     |                  |              |          | , Gu            | irent year φ |              |                         |
|   |                         |                |                    | NT AND                     | HEA   |                  | NSUF         |          | <u> </u>        |              | 1            | F                       |
|   |                         |                |                    | 1                          |       | 2                |              |          | 3<br>ds Paid Or | 4            |              | 5                       |
|   |                         |                |                    |                            | Dire  | ect Premiu       | ums          | Credited | On Direct       |              |              | Direct Losses           |
| 24. Group Policies (b)  |                         |                | Direct P           | remiums                    |       | Earned           |              | Bus      | iness           | Direct Losse | s Paid       | Incurred                |
| 24. Group Policies (b)<br>24.1 Federal Employees Healt  |                         |                | l                  |                            |       |                  |              | l        |                 |              |              |                         |
| premium (b)   |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| <ul><li>24.2 Credit (Group and Individ</li><li>24.3 Collectively renewable po</li></ul>   |                         |                |                    |                            |       |                  |              | l        |                 |              |              |                         |
| 24.4 Medicare Title XVIII exem  |                         |                | 1:                 | 34,538,348                 |       | 147,01           | 11, 113      |          | 0               | 129,         | 249.858      | 118, 121, 1             |
| Other Individual Policies:  | •                       | 22 3000        | ·''                | .,500,040                  |       |                  | , . 10       |          | 0               | 120,1        | 0,000        |                         |
| outer marriadar i oncido:   |                         |                |                    |                            |       |                  |              |          |                 |              | ·····  ···   |                         |
| 25.1 Non-cancelable (b)   |                         |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| 25.1 Non-cancelable (b)   |                         | L. /L-\        |                    |                            | L     |                  |              | L        |                 | <b> </b>     |              |                         |
| <ul><li>25.1 Non-cancelable (b)</li><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li></ul>                                  | reasons on              |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| <ul><li>25.1 Non-cancelable (b)</li><li>25.2 Guaranteed renewable (b</li><li>25.3 Non-renewable for stated</li><li>25.4 Other accident only</li></ul> | reasons on              |                |                    |                            |       |                  |              |          |                 |              |              |                         |
| <ul> <li>25.1 Non-cancelable (b)</li></ul>  | to 25.5)                |                |                    | 0                          |       |                  | 0            |          | 0               |              | 0            |                         |
| 25.1 Non-cancelable (b)   | to 25.5)<br>24.2 + 24.3 | + 24.4 + 25.6) | 1:                 | 0<br>34,538,348            |       | 147,01           | 0<br>11, 113 |          | 0               | 129,;        | 0<br>249,858 | 118, 121, 1             |

insured under indemnity only products



| IC Group Code 4667  |            |                | •         |                     | FE INSUR            | ANCE       |       |                 | Company  | Code 125 |
|---|------------|----------------|-----------|---------------------|---------------------|------------|-------|-----------------|----------|----------|
| DIRECT P  |            |                |           | 1                   | 2<br>Credit Life (G |            | 3     | 4               |          | 5        |
| AND ANNUITY CO  |            |                |           | inary               | and Individu        | al)        | Group | Industrial      |          | Total    |
| Life insurance     Annuity considerations   |            |                |           |                     |                     |            |       |                 |          |          |
| <ul><li>Annuity considerations</li><li>Deposit-type contract funds</li></ul>  |            |                |           |                     |                     |            |       |                 |          |          |
| Other considerations  |            |                |           |                     | XXX                 |            |       | XXX             |          |          |
| <ol> <li>Totals (Sum of Lines 1 to 4</li> </ol>   |            |                |           |                     |                     |            |       |                 |          |          |
| DIRECT DIVIDENDS 1  | ,          | YHOLDERS       |           |                     |                     |            |       |                 |          |          |
| Life insurance:   | 0.02.0     |                |           |                     |                     |            |       |                 |          |          |
| 6.1 Paid in cash or left on c   | leposit    |                |           |                     |                     |            |       |                 |          |          |
| 6.2 Applied to pay renewal  |            |                |           |                     |                     |            |       |                 |          |          |
| 6.3 Applied to provide paid   | up additio | ons or shorten |           |                     |                     |            |       |                 |          |          |
| the endowment or prer   | nium-payi  | ng period      |           |                     |                     |            |       |                 |          |          |
| 6.4 Other   |            |                |           |                     |                     | T          |       |                 |          |          |
| 6.5 Totals (sum of Line 6.1<br>Annuities:   | 10 6.4)    |                |           |                     |                     |            |       |                 |          |          |
| 7.1 Paid in cash or left on c   | lenosit    |                |           |                     |                     |            |       |                 |          |          |
| 7.2 Applied to provide paid   |            |                |           |                     |                     |            |       |                 |          |          |
| 7.3 Other   |            |                |           |                     |                     |            |       |                 |          |          |
| 7.4 Totals (sum of Lines 7.   |            |                |           |                     |                     |            |       |                 |          |          |
| . Grand Totals (Lines 6.5 plu   |            |                |           |                     |                     |            |       |                 | 1        |          |
| DIRECT CLAIMS AN  |            | FITS PAID      | W         |                     |                     |            |       |                 |          |          |
| Death benefits  |            |                |           |                     | <b>7</b>            | <b>▼</b>   |       |                 |          |          |
| Matured endowments  |            |                |           |                     | <b>7 –</b>          |            |       |                 |          |          |
| Annuity benefits  |            |                |           |                     |                     |            |       |                 |          |          |
| Surrender values and without the second |            |                |           |                     |                     |            |       |                 |          |          |
| <ol> <li>Aggregate write-ins for mis<br/>and benefits paid</li> </ol>   |            |                |           |                     |                     |            |       |                 |          |          |
| All other benefits, except actions and benefits and benefits.   |            |                |           |                     |                     |            |       |                 |          |          |
| 5. Totals   |            |                |           |                     |                     |            |       | T               | <u> </u> |          |
| DETAILS OF WRITE-INS  |            |                |           |                     |                     |            |       |                 |          |          |
| 01  |            |                |           |                     |                     |            |       |                 |          |          |
| 02  |            |                |           |                     |                     |            |       |                 |          |          |
| 03  |            |                |           |                     |                     |            |       |                 |          |          |
| 98. Summary of Line 13 from o   |            | •              |           |                     |                     |            |       |                 |          |          |
| <ol> <li>Totals (Lines 1301 thru 130 above)</li> </ol>  | 3 plus 13  | 98) (Line 13   |           |                     |                     |            |       |                 |          |          |
| above)  |            |                | 1         |                     |                     |            |       | <u> </u>        |          |          |
|   |            | O              |           | Credit Life         | 1)                  | 0          |       | la alconación l |          | T-4-1    |
| DIRECT DEATH  | 1          | Ordinary<br>2  | 3         | p and Individι<br>Δ | Jai) 5              | Group<br>6 | 7     | Industrial<br>8 | 9        | Total 10 |
| BENEFITS AND  | '          | 2              | No. of    | -                   | 3                   | 0          | , ,   | O               | 3        | 10       |
| MATURED   |            |                | Ind.Pols. |                     |                     |            |       |                 |          |          |
| ENDOWMENTS  |            |                | & Gr.     |                     | No. of              |            |       |                 |          |          |
| INCURRED  | No.        | Amount         | Certifs.  | Amoun               | t Certifs.          | Amount     | No.   | Amount          | No.      | Amoun    |
| . Unpaid December 31, prior year  |            |                |           |                     |                     |            |       |                 |          |          |
| . Incurred during current year  |            |                |           |                     |                     |            |       |                 |          |          |
| Settled during current year:  |            |                |           |                     |                     |            |       |                 |          |          |
| 18.1 By payment in full   |            |                |           |                     |                     |            |       |                 |          |          |
| 18.2 By payment on  |            |                |           |                     |                     |            |       |                 |          |          |
| compromised claims  |            |                |           |                     | · <del> </del>      |            |       |                 |          |          |
| 18.3 Totals paid<br>18.4 Reduction by   |            | <u> </u>       |           |                     |                     |            |       |                 |          | -        |
| compromise  |            |                |           |                     |                     |            |       |                 |          |          |
| 18.5 Amount rejected  |            |                |           |                     |                     |            |       |                 |          |          |
| 18.6 Total settlements  |            |                |           |                     |                     |            |       |                 |          |          |
| . Unpaid Dec. 31, current   |            |                |           |                     |                     |            |       |                 |          |          |
| year (16+17-18.6)   |            |                |           |                     |                     | <b>₹</b>   |       |                 |          | 1        |
| POLICY EXHIBIT  |            |                |           |                     | Policies            |            |       |                 |          |          |
| . In force December 31, prior   |            |                |           |                     | Folicies            |            |       |                 |          |          |
| year  |            |                |           | .(a)                |                     |            |       |                 |          |          |
| . Issued during year  |            |                |           |                     |                     |            |       |                 |          |          |
| . Other changes to in force   |            |                |           |                     |                     |            |       |                 |          |          |
| (Net)   |            |                |           | <b></b>             |                     |            |       |                 |          |          |
| In force December 31 of   |            |                |           | (a)                 |                     |            |       |                 |          |          |
| current year  |            | 1              | - 1       | /                   |                     |            |       |                 | 1        |          |
| current year<br>ncludes Individual Credit Life In   | surance r  | rior year \$   |           | , Cl                | urrent vear \$      |            |       |                 |          |          |

### ACCIDENT AND HEALTH INSURANCE

|      |  | 1               | 2                         | 3                                       | 4                   | 5                         |
|------|--|-----------------|---------------------------|---|---------------------|---------------------------|
|      |  |                 | Direct Bremiums           | Dividends Paid Or<br>Credited On Direct |                     | Direct Lesses             |
|      |  | Direct Premiums | Direct Premiums<br>Earned | Business                                | Direct Losses Paid  | Direct Losses<br>Incurred |
| 24.  | Group Policies (b)                                   | Direct Fernians | Lamed                     | Dusiness                                | Direct Losses I aid | incarrea                  |
|      | Federal Employees Health Benefits Plan premium (b)   |                 |                           |   |                     |                           |
| 24.2 | Credit (Group and Individual)                        |                 |                           |   |                     |                           |
| 24.3 | Collectively renewable policies (b)                  |                 |                           |   |                     |                           |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | 14,015,932      | 14,350,253                | 0                                       | 12,800,429          | 11,697,767                |
|      | Other Individual Policies:                           |                 |                           |   |                     |                           |
| 25.1 | Non-cancelable (b)                                   |                 |                           |   |                     |                           |
| 25.2 | Guaranteed renewable (b)                             |                 |                           |   |                     |                           |
|      | Non-renewable for stated reasons only (b)            |                 |                           |   |                     |                           |
| 25.4 | Other accident only                                  |                 |                           |   |                     |                           |
|      | All other (b)  |                 |                           |   |                     |                           |
| 25.6 | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0                         | 0                                       | 0                   | 0                         |
| 26.  | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 14.015.932      | 14,350,253                | 0                                       | 12.800.429          | 11.697.767                |

26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 14,015,932 | 14,350,253 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products



| DIRECT BUSINESS IN THE<br>NAIC Group Code 4667                                   | STATE O                                 | OF Ohio          |             | LI              | FE I   | NSURA            | ANCE         | E            |                         | _             |               | YEAR 2017<br>Code 12575 |
|--|---|------------------|-------------|-----------------|--|------------------|--------------|--------------|-------------------------|---------------|---------------|-------------------------|
| •  | PREMIUMS                                | 6                |             | 1               |  | 2<br>dit Life (G |              |              | 3                       | 4             |               | 5                       |
| AND ANNUITY  |   |                  | Ordi        | nary            | ar   | nd Individu      | ıal)         | Gr           | oup                     | Industria     | I             | Total                   |
| <ol> <li>Life insurance</li> <li>Annuity considerations</li> </ol>               |   |                  |             |                 |  |                  |              |              |                         | +             |               |                         |
| Deposit-type contract fun  |   |                  |             |                 |  | XXX              |              |              |                         | XXX           |               |                         |
| Other considerations   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 5. Totals (Sum of Lines 1 to   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| DIRECT DIVIDENDS   | TO POLIC                                | YHOLDERS         |             |                 |  |                  |              |              |                         |               |               |                         |
| Life insurance:  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| <ul><li>6.1 Paid in cash or left or</li><li>6.2 Applied to pay renewa</li></ul>  | deposit                                 |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 6.2 Applied to pay reflewed  |   |                  |             |                 |  |                  |              |              |                         | -             |               |                         |
| the endowment or pro   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 6.4 Other  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 6.5 Totals (sum of Line 6.   | .1 to 6.4)                              |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| Annuities:   | donosit                                 |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| <ul><li>7.1 Paid in cash or left on</li><li>7.2 Applied to provide pa</li></ul>  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 7.3 Other  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 7.4 Totals (sum of Lines   | 7.1 to 7.3)                             |                  |             |                 | <b>1</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                  |              |              |                         |               |               |                         |
| 8. Grand Totals (Lines 6.5 p   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| DIRECT CLAIMS  | AND BENEI                               | FITS PAID        |             |                 |  |                  |              |              |                         |               |               |                         |
| 9. Death benefits  |   |                  |             |                 | <b>4</b>                                       |                  |              |              |                         |               |               |                         |
| 10. Matured endowments   |   |                  |             |                 |  |                  |              |              |                         | +             |               |                         |
| <ol> <li>Annuity benefits</li> <li>Surrender values and wit</li> </ol>           |   |                  |             |                 |  |                  |              | l            |                         | -†            |               |                         |
| <ol> <li>Surrender values and with</li> <li>Aggregate write-ins for m</li> </ol> |   |                  | <b></b>     |                 | L  |                  |              | <del> </del> |                         | †             |               |                         |
| and benefits paid  |   |                  |             |                 |  |                  |              | ļ            |                         | .4            |               |                         |
| 14. All other benefits, except   |   |                  |             |                 |  |                  |              | ļ            |                         | 4             |               |                         |
| 15. Totals   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| DETAILS OF WRITE-INS   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 1301<br>1302   |   |                  |             |                 |  |                  |              |              |                         | -             |               |                         |
| 1303.  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 1398. Summary of Line 13 from  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 1399. Totals (Lines 1301 thru 1  |   | •                |             |                 |  |                  |              |              |                         |               |               |                         |
| above)   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
|  |   |                  | (           | Credit Life     |  |                  |              |              |                         |               |               |                         |
| DIRECT DEATH   |   | Ordinary         |             | and Individ     | ual)   | _                | Group        |              |                         | ndustrial     | 0             | Total                   |
| DIRECT DEATH<br>BENEFITS AND   | 1                                       | 2                | 3<br>No. of | 4               |  | 5                |              | 6            | 7                       | 8             | 9             | 10                      |
| MATURED  |   |                  | Ind.Pols.   |                 |  |                  |              |              |                         |               |               |                         |
| ENDOWMENTS   |   |                  | & Gr.       | _               |  | No. of           |              |              |                         |               |               |                         |
| INCURRED  16. Unpaid December 31, prior  | No.                                     | Amount           | Certifs.    | Amour           | nt   | Certifs.         | A            | mount        | No.                     | Amount        | No.           | Amount                  |
| year   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 17. Incurred during current year   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| Settled during current year:   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 18.1 By payment in full  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 18.2 By payment on compromised claims  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 18.3 Totals paid   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 18.4 Reduction by  |   | _                | _           |                 |  | _                | _            |              |                         |               |               |                         |
| compromise   |   |                  | <b>\</b>    |                 |  |                  |              |              |                         |               |               |                         |
| 18.5 Amount rejected 18.6 Total settlements                                      |   |                  |             |                 | -  |                  |              |              |                         |               |               |                         |
| 19. Unpaid Dec. 31, current  | *************************************** |                  |             |                 |  |                  | 7            |              |                         |               |               |                         |
| year (16+17-18.6)  |   |                  | 7           |                 |  |                  |              |              |                         |               |               |                         |
|  |   |                  |             |                 |  | of               |              |              |                         |               |               |                         |
| POLICY EXHIBIT  20. In force December 31, prior                                  |   |                  |             |                 |  | Policies         |              |              |                         |               |               |                         |
| year   |   |                  |             | (a)             |  | <b></b>          | <b> </b>     |              | 1                       |               | 1             |                         |
| 21. Issued during year   |   |                  |             |                 |  | <b>_</b>         | ļ            |              | <b></b>                 |               | <b></b>       |                         |
| 22. Other changes to in force  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| (Net)23. In force December 31 of   |   |                  |             |                 |  |                  |              |              |                         |               | -             |                         |
| current year   |   | <u> </u>         |             | (a)             |  |                  |              |              |                         |               |               |                         |
| a) Includes Individual Credit Life   |   | •                |             | , c             |  | •                |              |              |                         |               | _             |                         |
| Includes Group Credit Life Ins   |   |                  |             |                 |  |                  |              |              |                         | •             |               |                         |
| Loans greater than 60 months   | at issue Bl                             |                  |             |                 | •  | •                |              |              | , CL                    | rrent year \$ |               |                         |
|  |   |                  | CCIDE       | NT AND          | HE/  | LTH I            | <u>NSU</u> F |              |                         |               |               |                         |
|  |   |                  |             | 1               |  | 2                |              |              | 3<br>la Baid Or         | 4             |               | 5                       |
|  |   |                  |             |                 | Dir  | ect Premiu       | ums          |              | ls Paid Or<br>On Direct |               |               | Direct Losses           |
|  |   |                  | Direct P    | remiums         |  | Earned           |              |              | iness                   | Direct Losses | Paid          | Incurred                |
| 24. Group Policies (b)   |   |                  |             |                 | <del></del>                                    |                  |              | ļ            |                         | ļ             |               |                         |
| 24.1 Federal Employees Healt   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| premium (b)24.2 Credit (Group and Individ  |   |                  |             |                 |  |                  |              | <u> </u>     |                         |               | ·····         |                         |
| 24.3 Collectively renewable po   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 24.4 Medicare Title XVIII exem   |   |                  | 1-          |                 |  | 144,89           | 98,855       |              | 0                       | 124,8         | 36,208        | 114,052,339             |
| Other Individual Policies:   |   |                  |             | •               |  |                  |              |              | _                       | ,             |               |                         |
| 25.1 Non-cancelable (b)  |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 25.2 Guaranteed renewable (b   |   |                  |             |                 |  |                  |              | }            |                         | -             |               |                         |
| 25.3 Non-renewable for stated  |   |                  |             |                 |  |                  |              | <b>}</b>     |                         | -             |               |                         |
| 25.4 Other accident only   |   |                  |             |                 |  |                  |              |              |                         |               |               |                         |
| 25.5 All other (b)   |   |                  |             |                 |  |                  | ·····        |              |                         |               | ·····         | <i>·</i>                |
| 25.6 Totals (sum of Lines 25.1<br>26. Totals (Lines 24 + 24.1 +                  | 24.2 + 24.3                             | 3 + 24 4 + 25 6) |             | 0<br>40,787,457 |  |                  | 0<br>98.855  |              | 0<br>0                  |               | 0  <br>36,208 |                         |
| -U. 101413 (LITTO 24 + 24.1 +  |   | ,                |             | , ,             |  | , -              |              |              |                         | ,             |               |                         |
| (b) For health business on ind   | liante - Ll'                            | wanast NI. I     |             |                 |  |                  |              | ALCIAL ICIC  |                         | U and         | oumper of     | nerenne                 |

insured under indemnity only products ......0 .



| DIRECT BUSINESS IN THE NAIC Group Code 4667  | STATE O      | F Oklahoma        |                   | LI                                    | FE I     | NSUR                 | ANCE     | <b>≣</b> |                    |                 | YEAR 2017<br>Code 12575 |                           |
|--|--------------|-------------------|-------------------|---------------------------------------|----------|----------------------|----------|----------|--------------------|-----------------|-------------------------|---------------------------|
| ·  | PREMIUMS     |                   |                   | 1                                     |          | 2<br>dit Life (G     |          |          | 3                  | 4               |                         | 5                         |
| AND ANNUITY O  | ONSIDER      | ATIONS            | Ordi              | nary                                  |          | nd Individu          |          | Gr       | oup                | Industria       | l                       | Total                     |
| Life insurance  Annuity considerations   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| Deposit-type contract func   |              | r                 |                   |                                       |          | XXX                  |          |          |                    | XXX             |                         |                           |
| Other considerations   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 5. Totals (Sum of Lines 1 to   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| DIRECT DIVIDENDS   | TO POLIC     | YHOLDERS          |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| Life insurance:  | danaait      |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| <ul><li>6.1 Paid in cash or left on</li><li>6.2 Applied to pay renewa</li></ul>              |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 6.3 Applied to provide paid  | •            |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| the endowment or pre   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
|  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 6.5 Totals (sum of Line 6.   | 1 to 6.4)    |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| Annuities: 7.1 Paid in cash or left on   | denocit      |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 7.1 Applied to provide paid  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 7.3 Other  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 7.4 Totals (sum of Lines 7   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| <ol><li>Grand Totals (Lines 6.5 pl</li></ol>   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| DIRECT CLAIMS A  |              |                   | W                 |                                       |          |                      |          |          |                    |                 |                         |                           |
| Death benefits  Metured and summents   |              |                   | <b></b>           |                                       | <b>J</b> | <u></u>              |          |          |                    |                 |                         |                           |
| <ol> <li>Matured endowments</li> <li>Annuity benefits</li> </ol>                             |              |                   |                   |                                       |          | <del></del>          |          |          |                    |                 |                         |                           |
| Annuity benefits  12. Surrender values and with  |              | r i               |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| Aggregate write-ins for mis  |              | F                 |                   |                                       |          |                      |          |          |                    | 1               |                         |                           |
| and benefits paid  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 14. All other benefits, except a   | accident and | d health          |                   |                                       |          |                      |          | <b> </b> |                    |                 |                         |                           |
| 15. Totals   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| DETAILS OF WRITE-INS   |              |                   |                   |                                       |          |                      |          |          |                    | 1               |                         |                           |
| 1302.  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 1303.  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 1398. Summary of Line 13 from  | overflow pa  | ge                |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 1399. Totals (Lines 1301 thru 13   | 303 plus 139 | 98) (Line 13      |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| above)   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
|  |              | Ordinary          |                   | Credit Life<br>and Individ            | ual)     |                      | Grour    | 2        |                    | Industrial      |                         | Total                     |
| DIRECT DEATH   | 1            | Ordinary<br>2     | 3                 | 4                                     | uai)     | 5                    | Group    | 6        | 7                  | Industrial<br>8 | 9                       | 10181                     |
| BENEFITS AND   | ·            | _                 | No. of            |                                       |          |                      |          | Ü        | •                  | · ·             |                         |                           |
| MATURED<br>ENDOWMENTS  |              |                   | Ind.Pols.         |                                       |          |                      |          |          |                    |                 |                         |                           |
| INCURRED   | No.          | Amount            | & Gr.<br>Certifs. | Amour                                 | nt       | No. of<br>Certifs.   | A        | mount    | No.                | Amount          | No.                     | Amount                    |
| 16. Unpaid December 31, prior  | 140.         | Amount            | COI tillo.        | 7111001                               |          | OUTUIO.              | ,,       | mount    | 110.               | Amount          | 140.                    | 7 tillount                |
| year   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 17. Incurred during current year Settled during current year:                                |              |                   |                   |                                       |          | <b>+</b>             |          |          |                    |                 |                         |                           |
| 18.1 By payment in full  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 18.2 By payment on   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| compromised claims   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 18.3 Totals paid   |              |                   |                   |                                       |          |                      |          |          |                    |                 | -                       |                           |
| 18.4 Reduction by compromise   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 18.5 Amount rejected   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 18.6 Total settlements   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 19. Unpaid Dec. 31, current  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| year (16+17-18.6)  |              |                   |                   |                                       |          | . of                 |          |          |                    |                 |                         |                           |
| POLICY EXHIBIT   |              |                   | _                 |                                       |          | Policies             |          |          |                    |                 |                         |                           |
| 20. In force December 31, prior  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| year21. Issued during year   | <del> </del> |                   |                   | (a)                                   |          | †                    | <b></b>  |          | <del> </del>       |                 | <b>†</b>                |                           |
| 22. Other changes to in force  | *            |                   |                   |                                       |          | <b>+</b>             | İ        |          | +                  |                 | <b>+</b>                |                           |
| (Net)  | ļ            |                   |                   |                                       |          | <b>4</b>             |          |          | ļļ                 |                 | <b></b>                 |                           |
| 23. In force December 31 of current year   |              |                   |                   | (a)                                   |          |                      |          |          |                    |                 |                         |                           |
| (a) Includes Individual Credit Life  | Insurance n  | rior year \$      |                   | · · · · · · · · · · · · · · · · · · · | urrent   | year \$              |          |          |                    |                 | 1                       | 1                         |
| Includes Group Credit Life Insu  |              | •                 |                   |                                       |          |                      |          |          | , CI               | urrent year \$  |                         |                           |
| Loans greater than 60 months   | at issue BL  | JT NOT GREATE     | ER THAN 1         | 20 MONTHS                             | 6, prior | year \$              |          |          | , CI               | urrent year \$  |                         |                           |
|  |              | Δ                 | CCIDE             | NT AND                                | HF/      | LTH I                | NSHE     | RANCE    |                    |                 |                         |                           |
|  |              | <del></del>       |                   | 1                                     | /        | 2                    | .551     |          | 3                  | 4               |                         | 5                         |
|  |              |                   |                   |                                       |          | _                    |          | Dividend | ls Paid Or         |                 |                         | -                         |
|  |              |                   | Direct D          | remiums                               | Dir      | ect Premit<br>Earned | ums      |          | On Direct<br>iness | Direct Losses   | Paid                    | Direct Losses<br>Incurred |
| 24. Group Policies (b)   |              |                   | שוופטו א          | remunis                               |          | Lamed                |          | bus      | 111522             | Direct Losses   | ralu                    | mourred                   |
| 24.1 Federal Employees Health  | h Benefits P | lan               |                   |                                       |          |                      |          | ļ        |                    | -               | ·····                   |                           |
| premium (b)  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 24.2 Credit (Group and Individu  |              |                   |                   |                                       |          |                      |          |          |                    |                 | ····                    |                           |
| <ul><li>24.3 Collectively renewable pol</li><li>24.4 Medicare Title XVIII exem</li></ul>     |              |                   |                   | 59,152,400                            |          | 63,29                | 21 704   |          |                    | 55,4            | <br>52 720              | 50,680,352                |
| Other Individual Policies:   | pi nom sidl  | a.c.s 01 1665     | ·'                | JJ, IJZ,4UU                           |          | ეა, 28               | 1,104    |          |                    | ,               | 52,123                  | 50,680,352                |
| 25.1 Non-cancelable (b)  |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 25.2 Guaranteed renewable (b)  | )            |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 25.3 Non-renewable for stated  |              | , , ,             |                   |                                       |          |                      |          | ļ        |                    |                 |                         |                           |
| 25.4 Other accident only   |              |                   |                   |                                       |          |                      |          |          |                    |                 |                         |                           |
| 25.5 All other (b)   |              |                   |                   |                                       |          |                      |          | ļ        |                    |                 |                         |                           |
| <ul><li>25.6 Totals (sum of Lines 25.1</li><li>26. Totals (Lines 24 + 24.1 + 24.1)</li></ul> |              |                   |                   | 0<br>59 . 152 . 400                   |          | 62.20                |          |          |                    |                 |                         | 0                         |
| (b) For health business on indi  |              |                   |                   |                                       | r DDC    |                      | 91,704   | rodusts  |                    |                 | 52,729                  | 50,680,352                |
| cor nearn pusiness on indi   | icaled lines | report: Milmber ( | ui persons i      | usurea unde                           | יו דרכ   | , managed            | r care n | OCCUCTS  |                    | ∪ and           | number o                | i persons                 |

LS206.OK

insured under indemnity only products



SLIDDI EMENT EOR THE VEAR 2017 OF

| DIRECT BUSINESS IN THE STATE OF Oregon NAIC Group Code 4667  |                                     | FE INSURANCE                               | •                              | DURING TH                               | IE YEAR 2017<br>any Code 12575 |
|--|-------------------------------------|--|--------------------------------|---|--------------------------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS   | 1<br>Ordinary                       | 2<br>Credit Life (Group<br>and Individual) | 3<br>Group                     | 4<br>Industrial                         | 5<br>Total                     |
| Life insurance   |                                     |  |                                |   |                                |
| Deposit-type contract funds     Other considerations   |                                     | XXX  |                                |   |                                |
| 5. Totals (Sum of Lines 1 to 4)  |                                     |  |                                |   |                                |
| DIRECT DIVIDENDS TO POLICYHOLDERS  Life insurance:   |                                     |  |                                |   |                                |
| 6.1 Paid in cash or left on deposit  |                                     |  |                                |   |                                |
| 6.2 Applied to pay renewal premiums      6.3 Applied to provide paid-up additions or shorten                       |                                     |  |                                |   |                                |
| the endowment or premium-paying period   |                                     |  |                                |   |                                |
| 6.4 Other<br>6.5 Totals (sum of Line 6.1 to 6.4)   |                                     |  |                                |   |                                |
| Annuities:   |                                     |  |                                |   |                                |
| 7.1 Paid in cash or left on deposit  |                                     |  |                                |   |                                |
| 7.3 Other<br>7.4 Totals (sum of Lines 7.1 to 7.3)  |                                     |  |                                |   |                                |
| 8. Grand Totals (Lines 6.5 plus 7.4)   |                                     |  |                                |   |                                |
| DIRECT CLAIMS AND BENEFITS PAID  9. Death benefits   |                                     |  |                                |   |                                |
| 10. Matured endowments   |                                     |  |                                |   |                                |
| Annuity benefits      Surrender values and withdrawals for life contracts  |                                     |  |                                |   |                                |
| 13. Aggregate write-ins for miscellaneous direct claims  |                                     |  |                                |   |                                |
| and benefits paid14. All other benefits, except accident and health  |                                     |  |                                |   |                                |
| 15. Totals   |                                     |  |                                |   |                                |
| DETAILS OF WRITE-INS 1301.   |                                     |  |                                |   |                                |
| 1302.  |                                     |  |                                |   |                                |
| 1303<br>1398. Summary of Line 13 from overflow page  |                                     |  |                                |   |                                |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)  |                                     |  |                                |   |                                |
| ubovo)   | Credit Life                         |  |                                |   |                                |
| Ordinary   | (Group and Individ                  |  |                                | Industrial                              | Total                          |
| DIRECT DEATH 1 2 BENEFITS AND 2  | 3 4<br>No. of                       | 5  | 6 7                            | 8 9                                     | 10                             |
| MATURED<br>ENDOWMENTS  | Ind.Pols.<br>& Gr.                  | No. of                                     |                                |   |                                |
| INCURRED No. Amount  16. Unpaid December 31, prior   | Certifs. Amour                      | nt Certifs.                                | Amount No.                     | Amount No                               | o. Amount                      |
| year   |                                     |  |                                |   |                                |
| 17. Incurred during current year Settled during current year:  |                                     |  |                                |   |                                |
| 18.1 By payment in full  |                                     |  |                                |   |                                |
| compromised claims   |                                     |  |                                |   |                                |
| 18.3 Totals paid   |                                     |  |                                |   |                                |
| compromise   |                                     |  |                                |   |                                |
| 18.6 Total settlements   |                                     |  |                                |   |                                |
| 19. Unpaid Dec. 31, current year (16+17-18.6)  |                                     |  |                                |   |                                |
| POLICY EXHIBIT   |                                     | of Policies                                |                                |   |                                |
| 20. In force December 31, prior year   | (a)                                 |  |                                |   |                                |
| 21. Issued during year   | (a)                                 |  |                                |   |                                |
| 22. Other changes to in force (Net)  |                                     |  |                                |   |                                |
| 23. In force December 31 of current year   | (a)                                 |  |                                |   |                                |
| (a) Includes Individual Credit Life Insurance prior year \$  | , c                                 |  |                                | urrent voor ¢                           |                                |
| Includes Group Credit Life Insurance Loans less than or ed<br>Loans greater than 60 months at issue BUT NOT GREAT! | •                                   |  | , Cl                           |   |                                |
|  | ACCIDENT AND                        | HEALTH INSU                                | JRANCE                         |   |                                |
|  | 1                                   | 2  | 3<br>Dividends Paid Or         | 4                                       | 5                              |
|  | Direct Premiums                     | Direct Premiums<br>Earned                  | Credited On Direct<br>Business | Direct Losses Paid                      | Direct Losses<br>Incurred      |
| 24. Group Policies (b)   | Direct Fremiums                     | Earneu                                     | Dusiness                       | Direct Losses Faid                      |                                |
| 24.1 Federal Employees Health Benefits Plan premium (b)  |                                     |  |                                |   |                                |
| 24.2 Credit (Group and Individual)   |                                     |  |                                |   |                                |
| 24.3 Collectively renewable policies (b)   | 28,322,643                          | 29,641,425                                 |                                | 21,572,173                              | 19,715,246                     |
| Other Individual Policies:   |                                     |  |                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                |
| 25.1 Non-cancelable (b)  | L [                                 |  |                                |   |                                |
| 25.3 Non-renewable for stated reasons only (b)   |                                     |  |                                |   |                                |
| 25.4 Other accident only   |                                     |  | -                              |   |                                |
| 25.6 Totals (sum of Lines 25.1 to 25.5)  | 0                                   |  | )                              | 0                                       | 0                              |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) (b) For health business on indicated lines report: Number | 28,322,643 of persons insured under | 29,641,425<br>er PPO managed care          |                                | 21,572,173<br>0 and number              |                                |
| insured under indemnity only products  |                                     | or i o manageu care                        | , producis                     | and numbe                               | or persons                     |



DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 4667

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 125

|       | •  | 1        | 2                  | 3        | 4          | 5     |
|-------|--|----------|--------------------|----------|------------|-------|
|       | DIRECT PREMIUMS  |          | Credit Life (Group |          |            |       |
|       | AND ANNUITY CONSIDERATIONS   | Ordinary | and Individual)    | Group    | Industrial | Total |
| 1.    | Life insurance   |          |                    |          |            |       |
| 2.    | Annuity considerations   |          |                    |          |            |       |
| 3.    | Deposit-type contract funds  |          | XXX                |          | XXX        |       |
| 4.    | Other considerations   |          |                    |          |            |       |
| 5.    | Totals (Sum of Lines 1 to 4)   |          |                    |          |            |       |
|       | DIRECT DIVIDENDS TO POLICYHOLDERS  |          |                    |          |            |       |
|       | Life insurance:  |          |                    |          |            |       |
|       | 6.1 Paid in cash or left on deposit  |          |                    |          |            |       |
|       | 6.2 Applied to pay renewal premiums  |          |                    |          |            |       |
|       | 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period |          |                    |          |            |       |
|       | 6.4 Other  |          |                    |          |            |       |
|       | 6.5 Totals (sum of Line 6.1 to 6.4)  |          |                    |          |            |       |
|       | Annuities:   |          |                    |          |            |       |
|       | 7.1 Paid in cash or left on deposit  |          |                    |          |            |       |
|       | 7.2 Applied to provide paid-up annuities   |          |                    | <u></u>  |            |       |
|       | 7.3 Other  |          | <b></b>            |          |            |       |
|       | 7.4 Totals (sum of Lines 7.1 to 7.3)   |          |                    |          |            |       |
| 8.    | Grand Totals (Lines 6.5 plus 7.4)  |          |                    |          |            |       |
|       | DIRECT CLAIMS AND BENEFITS PAID  |          |                    |          |            |       |
| 9.    | Death benefits   |          |                    | <b>-</b> |            |       |
| 10.   | Matured endowments   |          |                    |          |            |       |
| 11.   | Annuity benefits   |          |                    |          |            |       |
| 12.   | Surrender values and withdrawals for life contracts  |          |                    |          |            |       |
| 13.   | Aggregate write-ins for miscellaneous direct claims and benefits paid                      |          |                    |          |            |       |
| 14.   | All other benefits, except accident and health   |          |                    |          |            |       |
|       | Totals   |          |                    |          |            |       |
|       | DETAILS OF WRITE-INS   |          |                    |          |            |       |
| 1301. |  |          |                    |          |            |       |
| 1302. |  |          |                    |          |            |       |
| 1303. |  |          |                    |          |            |       |
|       |  |          |                    |          |            |       |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13   |          |                    |          |            |       |

|   |     | Ordinani      |                                 | Credit Life       |                    | Group   |      | ndustrial      |      | Total       |
|---|-----|---------------|---------------------------------|-------------------|--------------------|---------|------|----------------|------|-------------|
| DIRECT DEATH  | 1   | Ordinary<br>2 | 3                               | and Individual) 4 | 5                  | Group 6 | 7    | ndustrial<br>8 | 9    | Total<br>10 |
| BENEFITS AND<br>MATURED<br>ENDOWMENTS<br>INCURRED   | No. | Amount        | No. of Ind.Pols. & Gr. Certifs. | Amount            | No. of<br>Certifs. | Amount  | No.  | Amount         | No.  | Amount      |
| 16. Unpaid December 31, prior year  |     | Amount        | Ocruis.                         | Amount            | Octuis.            | Atmount | 140. | 7 tinodit      | 140. | Alliount    |
| Incurred during current year     Settled during current year:     18.1 By payment in full |     |               |                                 |                   |                    |         |      |                |      |             |
| 18.2 By payment on compromised claims 18.3 Totals paid                                    | ,   |               |                                 |                   |                    |         |      |                |      |             |
| 18.4 Reduction by compromise  |     |               |                                 |                   | <u> </u>           |         |      |                |      |             |
| 18.5 Amount rejected  |     | <u> </u>      |                                 |                   |                    |         |      |                |      |             |
| 19. Unpaid Dec. 31, current year (16+17-18.6)   |     |               |                                 |                   |                    |         |      |                |      |             |
| POLICY EXHIBIT 20. In force December 31, prior  |     |               |                                 |                   | of Policies        |         |      |                |      |             |
| year21. Issued during year  |     |               |                                 | (a)               |                    |         |      |                |      |             |
| 22. Other changes to in force (Net)   |     |               |                                 |                   |                    |         |      |                |      |             |
| 23. In force December 31 of current year  |     |               |                                 | (a)               |                    |         |      |                |      |             |

### **ACCIDENT AND HEALTH INSURANCE**

|      |  | 1               | 2                         | 3                                       | 4                  | 5                         |
|------|--|-----------------|---------------------------|---|--------------------|---------------------------|
|      |  |                 | Direct Bremiums           | Dividends Paid Or<br>Credited On Direct |                    | Direct Leases             |
|      |  | Direct Premiums | Direct Premiums<br>Earned | Business                                | Direct Losses Paid | Direct Losses<br>Incurred |
| 24.  | Group Policies (b)                                   | Direct Felliums | Lameu                     | Dusilless                               | Direct Losses Faid | incurred                  |
|      | Federal Employees Health Benefits Plan premium (b)   |                 |                           |   |                    |                           |
| 24.2 | Credit (Group and Individual)                        |                 |                           |   |                    |                           |
| 24.3 | Collectively renewable policies (b)                  |                 |                           |   |                    |                           |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | 153,546,191     | 163,876,779               | 0                                       | 143,860,322        | 131,483,071               |
|      | Other Individual Policies:                           |                 |                           |   |                    |                           |
| 25.1 | Non-cancelable (b)                                   |                 |                           |   |                    |                           |
| 25.2 | Guaranteed renewable (b)                             |                 |                           |   |                    |                           |
|      | Non-renewable for stated reasons only (b)            |                 |                           |   |                    |                           |
| 25.4 | Other accident only                                  |                 |                           |   |                    |                           |
|      | All other (b)  |                 |                           |   |                    |                           |
|      | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0                         | 0                                       | 0                  | 0                         |
| 26.  | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 153,546,191     | 163,876,779               | 0                                       | 143,860,322        | 131,483,071               |

insured under indemnity only products ......0



| DIRECT BUSINESS IN THE IAIC Group Code 4667   | STATE O      | F Rhode Island         | t                 | 1.17                   | FF II    | NSUR                       | ΔNCF    | =        |                 |                |         | YEAR 2017<br>y Code 12575 |
|---|--------------|------------------------|-------------------|------------------------|----------|----------------------------|---------|----------|-----------------|----------------|---------|---------------------------|
|   |              |                        | -                 | 1                      |          | 2                          |         |          | 3               | 4              | Compan  | 5 5                       |
| DIRECT F<br>AND ANNUITY C   | PREMIUMS     |                        | Ord               | inary                  |          | dit Life (G<br>ıd Individu |         | Gr       | oup             | Industria      | nl      | Total                     |
| Life insurance  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 2. Annuity considerations   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| <ol> <li>Deposit-type contract func</li> <li>Other considerations</li> </ol>        |              |                        |                   |                        |          | XXX                        |         |          |                 | XXX            |         |                           |
| 5. Totals (Sum of Lines 1 to  | 4)           |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| DIRECT DIVIDENDS  | TO POLIC     | YHOLDERS               |                   |                        |          |                            |         |          |                 |                |         |                           |
| Life insurance:   | -l14         |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| <ul><li>6.1 Paid in cash or left on</li><li>6.2 Applied to pay renewa</li></ul>     |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 6.3 Applied to provide paid   | d-up additio | ns or shorten          |                   |                        |          |                            |         |          |                 |                |         |                           |
| the endowment or pre  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 6.5 Totals (sum of Line 6.  |              |                        |                   |                        |          |                            |         | <br>     |                 |                |         |                           |
| Annuities:  | ,            |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 7.1 Paid in cash or left on   |              |                        |                   |                        |          |                            |         | <u> </u> |                 |                |         |                           |
| 7.2 Applied to provide paid 7.3 Other   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 7.4 Totals (sum of Lines 7  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 8. Grand Totals (Lines 6.5 pl   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| DIRECT CLAIMS A   |              | -                      | <b>W</b>          |                        |          | 1                          |         |          |                 |                |         |                           |
| <ol> <li>Death benefits</li> <li>Matured endowments</li> </ol>                      |              |                        |                   |                        | <b>-</b> |                            |         |          |                 | -†             |         |                           |
| 11. Annuity benefits  |              |                        |                   |                        |          |                            |         | L        |                 |                |         |                           |
| 12. Surrender values and with   |              | Γ-                     |                   |                        |          |                            |         | <b> </b> |                 |                |         |                           |
| <ol> <li>Aggregate write-ins for mis<br/>and benefits paid</li> </ol>               |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 14. All other benefits, except a  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 15. Totals  |              |                        |                   |                        |          |                            |         | ļ        |                 |                |         |                           |
| DETAILS OF WRITE-INS  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 1302.   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 1303  |              |                        |                   |                        |          |                            |         | <u> </u> |                 |                |         |                           |
| 1398. Summary of Line 13 from<br>1399. Totals (Lines 1301 thru 13                   |              |                        |                   |                        |          |                            |         | [        |                 |                |         |                           |
| above)  | ioo pius Too | 90) (Line 13           |                   |                        |          |                            |         | <u> </u> |                 |                |         |                           |
|   |              |                        | 1                 | Credit Life            |          |                            |         |          |                 |                |         |                           |
| DIDEOT DEATH  |              | Ordinary               | -                 | p and Individu         | ual)     |                            | Group   |          | 7 I             | ndustrial      |         | Total                     |
| DIRECT DEATH<br>BENEFITS AND  | 1            | 2                      | No. of            | 4                      |          | 5                          |         | 6        | /               | 8              | 9       | 10                        |
| MATURED   |              |                        | Ind.Pols.         |                        |          | l                          |         |          |                 |                |         |                           |
| ENDOWMENTS<br>INCURRED  | No.          | Amount                 | & Gr.<br>Certifs. | Amount                 | ıt       | No. of<br>Certifs.         | Α.      | mount    | No.             | Amount         | No.     | Amount                    |
| 16. Unpaid December 31, prior   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| year<br>17. Incurred during current year  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| Settled during current year:  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 18.1 By payment in full   | <b></b>      |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 18.2 By payment on compromised claims   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 18.3 Totals paid  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 18.4 Reduction by compromise  |              |                        |                   |                        |          |                            | _       |          |                 |                |         |                           |
| 18.5 Amount rejected  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 18.6 Total settlements  |              |                        | <b>.</b>          |                        |          |                            | <u></u> |          | <u></u>         |                |         |                           |
| <ol> <li>Unpaid Dec. 31, current<br/>year (16+17-18.6)</li> </ol>                   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
|   |              |                        | <b>T</b>          |                        |          | . of                       | 1       |          |                 |                |         |                           |
| POLICY EXHIBIT  20. In force December 31, prior                                     |              | _                      |                   |                        |          | Policies                   |         |          | -               |                |         |                           |
| year  |              |                        | _                 | .(a)                   |          | <b> </b>                   | ļ       |          | ļ               |                |         |                           |
| 21. Issued during year  |              |                        |                   |                        |          | <u> </u>                   |         |          |                 |                |         |                           |
| 22. Other changes to in force (Net)   |              |                        |                   |                        |          | 1                          |         |          |                 |                |         |                           |
| 23. In force December 31 of   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| current year  | neuropeo -   | rior year <sup>©</sup> |                   | (a)                    | Urront   | vear <sup>©</sup>          | Ь       |          |                 |                |         |                           |
| <ul> <li>Includes Individual Credit Life Includes Group Credit Life Insu</li> </ul> |              | •                      |                   | , cu<br>nonths at issu |          |                            |         |          | CI              | ırrent year \$ |         |                           |
| Loans greater than 60 months  |              |                        |                   |                        |          |                            |         |          |                 | ırrent year \$ |         |                           |
|   |              | Δ                      | CCIDE             | NT AND I               | HΕΔ      | LTH II                     | NSUF    | RANCE    |                 |                |         |                           |
|   |              | <del>- 1</del>         |                   | 1                      |          | 2                          |         | ;        | 3               | 4              |         | 5                         |
|   |              |                        |                   |                        | D:       | not Drow!                  | umo     |          | ds Paid Or      |                |         | Direct Leases             |
|   |              |                        | Direct P          | remiums                | Dire     | ect Premit<br>Earned       | uIIIS   |          | On Direct iness | Direct Losses  | s Paid  | Direct Losses<br>Incurred |
| 24. Group Policies (b)  |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 24.1 Federal Employees Health premium (b)   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 24.2 Credit (Group and Individu   |              |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 24.3 Collectively renewable pol   | licies (b)   |                        |                   |                        |          |                            |         |          |                 |                |         |                           |
| 24.4 Medicare Title XVIII exem  | pt from stat | e taxes or fees        |                   | 10,273,478             |          | 11,58                      | 31,753  |          | 0               | 9,0            | )14,953 | 8,220,55                  |
| Other Individual Policies:  |              |                        |                   |                        |          |                            |         |          |                 | i              | 1       |                           |
| 25.1 Non-cancelable (b)   |              |                        |                   |                        |          |                            | ŀ       | ļ        |                 |                |         |                           |
| <ul><li>25.1 Non-cancelable (b)</li><li>25.2 Guaranteed renewable (b)</li></ul>     |              |                        |                   |                        |          |                            |         |          |                 | -              |         |                           |

LS206.RI

0

0

0

9,014,953 ...0 and number of persons

0 8,220,557

25.4 Other accident only ...

insured under indemnity only products



| DIRECT BUSINESS IN THE<br>IAIC Group Code 4667  | STATE O       | F South Carol    | lina               | LI                         | FE II    | NSUR                                  | ANCE        | Ξ  |                 |                                |           | YEAR 2017<br>by Code 12575 |
|---|---------------|------------------|--------------------|----------------------------|----------|---------------------------------------|-------------|--|-----------------|--------------------------------|-----------|----------------------------|
| •   | PREMIUMS      | 5                | 1                  | 1                          |          | 2<br>dit Life (G                      |             |  | 3               | 4                              |           | 5                          |
| AND ANNUITY   |               |                  | Ordi               | nary                       |          | ıd Individu                           |             | Gr   | roup            | Indus                          | trial     | Total                      |
| <ol> <li>Life insurance</li> <li>Annuity considerations</li> </ol>  |               |                  |                    |                            |          |                                       |             | }I   |                 |                                |           |                            |
| 3. Deposit-type contract fun  | ds            |                  |                    |                            |          | XXX                                   |             |  |                 | XX                             | X         |                            |
| 4. Other considerations   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| <ol> <li>Totals (Sum of Lines 1 to<br/>DIRECT DIVIDENDS</li> </ol>  |               | VIIOI DEDO       |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| Life insurance:   | S TO POLIC    | THOLDERS         |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 6.1 Paid in cash or left or   | deposit       |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 6.2 Applied to pay renew  | al premiums   | ;                |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 6.3 Applied to provide pa<br>the endowment or pr  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 6.4 Other   | emium-payii   | ng pendu         |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 6.5 Totals (sum of Line 6   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| Annuities:  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| <ul><li>7.1 Paid in cash or left or</li><li>7.2 Applied to provide pa</li></ul>   | •             |                  |                    |                            |          |                                       |             | <u> </u>                                   |                 |                                |           |                            |
| 7.2 Applied to provide pa   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 7.4 Totals (sum of Lines  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 8. Grand Totals (Lines 6.5 p  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| DIRECT CLAIMS   |               |                  | <b>W</b>           |                            |          |                                       |             |  |                 |                                |           |                            |
| <ol> <li>Death benefits</li> <li>Matured endowments</li> </ol>  |               |                  |                    |                            | <b>-</b> |                                       |             | <b>                                   </b> |                 |                                |           |                            |
| 11. Annuity benefits  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 12. Surrender values and wit  | hdrawals for  | r life contracts |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 13. Aggregate write-ins for mand benefits paid  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 14. All other benefits, except  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 15. Totals  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| DETAILS OF WRITE-IN   | _             |                  |                    |                            |          |                                       |             |  |                 |                                |           | -                          |
| 301   |               |                  |                    |                            |          |                                       |             | ļ  |                 |                                |           |                            |
| 302   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 1398. Summary of Line 13 from   | overflow pa   |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 1399. Totals (Lines 1301 thru 1   | 303 plus 139  | 98) (Line 13     |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| above)  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
|   |               | Ordinary         |                    | Credit Life<br>and Individ | ual\     |                                       | Group       | 2  | li li           | ndustrial                      |           | Total                      |
| DIRECT DEATH  | 1             | 2                | 3                  | 4                          | uaij     | 5                                     | Group       | 6  | 7               | 8                              | 9         | 10                         |
| BENEFITS AND  |               |                  | No. of             |                            |          |                                       |             |  |                 |                                |           |                            |
| MATURED<br>ENDOWMENTS   |               |                  | Ind.Pols.<br>& Gr. |                            |          | No. of                                |             |  |                 |                                |           |                            |
| INCURRED  | No.           | Amount           | Certifs.           | Amour                      | nt       | Certifs.                              | A           | mount                                      | No.             | Amount                         | No.       | Amount                     |
| 16. Unpaid December 31, prior   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| year<br>17. Incurred during current year  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| Settled during current year:  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 18.1 By payment in full   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 18.2 By payment on<br>compromised claims  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 18.3 Totals paid  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 18.4 Reduction by   |               | _                |                    |                            |          | _                                     | _           |  |                 |                                |           |                            |
| compromise<br>18.5 Amount rejected  |               |                  | <b>\</b>           |                            |          | · · · · · · · · · · · · · · · · · · · | ·           |  |                 |                                |           |                            |
| 18.6 Total settlements  |               |                  |                    |                            |          | 7.7                                   |             |  |                 |                                |           |                            |
| 19. Unpaid Dec. 31, current   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| year (16+17-18.6)   | +             |                  |                    |                            |          | of                                    |             |  |                 |                                |           |                            |
| POLICY EXHIBIT  |               |                  |                    |                            |          | Policies                              |             |  |                 |                                |           |                            |
| 20. In force December 31, prior   |               |                  |                    | (a)                        |          |                                       | 1           |  |                 |                                |           |                            |
| year<br>21. Issued during year  |               |                  |                    | (a)                        |          | <b></b>                               | <u> </u>    |  | <u> </u>        |                                |           |                            |
| 22. Other changes to in force   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| (Net)23. In force December 31 of  |               |                  |                    |                            |          | <del> </del>                          | t           |  | -+              |                                |           |                            |
| current year  |               |                  |                    | (a)                        |          |                                       |             |  |                 |                                |           |                            |
| ) Includes Individual Credit Life   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           | ·                          |
| Includes Group Credit Life Ins<br>Loans greater than 60 months  |               |                  |                    |                            |          |                                       |             |  |                 | rrent year \$<br>rrent year \$ |           |                            |
| Loans greater than oo months  | s at issue De |                  |                    |                            |          | •                                     |             |  | , 60            | illelli yeal y                 |           |                            |
|   |               |                  |                    | NT AND                     | HEA      |                                       | <b>NSUF</b> |  | 2               | <del>, ,</del>                 | Т         | E                          |
|   |               |                  | 1                  | 1                          |          | 2                                     |             |  | 3<br>ds Paid Or | 4                              | •         | 5                          |
|   |               |                  |                    |                            | Dire     | ect Premiu                            | ums         | Credited                                   | On Direct       |                                |           | Direct Losses              |
| 24. Group Policies (b)  |               |                  | Direct P           | remiums                    |          | Earned                                |             | Bus  | siness          | Direct Los                     | ses Paid  | Incurred                   |
| 24.1 Federal Employees Heal   |               |                  |                    |                            | L        |                                       |             | ļ  |                 | -                              |           |                            |
| premium (b)   |               |                  |                    |                            |          |                                       |             | ļ  |                 | .                              |           |                            |
| <ul><li>24.2 Credit (Group and Individual)</li><li>24.3 Collectively renewable po</li></ul>                                       |               |                  |                    |                            |          |                                       |             | ļ  |                 | -                              |           |                            |
| 24.4 Medicare Title XVIII exen  |               |                  |                    | 55,911,464                 |          | 62,74                                 | 10.929      |  | 0               |                                | 6.834 744 | 51,936,7                   |
| Other Individual Policies:  | •             | 22 3000          | ···                | 23,311,707                 |          | 02,14                                 | . 2 , 525   |  |                 |                                | -,-vi,17T |                            |
| 25.1 Non-cancelable (b)   |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 25.2 Guaranteed renewable (b  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| 25.3 Non-renewable for stated<br>25.4 Other accident only   |               |                  |                    |                            |          |                                       |             | ļ  |                 | -                              |           |                            |
| 25.5 All other (b)  |               |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| ( - /   |               |                  |                    | 0                          |          |                                       |             |  | 0               |                                |           |                            |
| 25.6 Totals (sum of Lines 25.1  | 1 to 25.5)    |                  |                    |                            |          |                                       |             |  |                 |                                |           |                            |
| <ul> <li>25.6 Totals (sum of Lines 25.1</li> <li>26. Totals (Lines 24 + 24.1 +</li> <li>(b) For health business on inc</li> </ul> | 24.2 + 24.3   | 3 + 24.4 + 25.6) | Ę                  | 55,911,464                 |          | 62,74                                 | 40,929      |  | 0               | 5                              | 6,834,744 | 51,936,7                   |

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insured under indemnity only products



| AIC Group Code 4667  |              |               |                     | LIF                          | E INSUR                             | ANCE     |            |    | NAIC           | Company | Code 125   |
|--|--------------|---------------|---------------------|------------------------------|-------------------------------------|----------|------------|----|----------------|---------|------------|
| AND ANNUITY  |              | RATIONS       | Ordi                |                              | 2<br>Credit Life (G<br>and Individu |          | 3<br>Group |    | 4<br>Industria | al      | 5<br>Total |
| 1. Life insurance  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| <ol> <li>Annuity considerations</li> <li>Deposit-type contract fur</li> </ol>  |              |               |                     |                              | VVV                                 |          |            |    |                |         |            |
| Other considerations   |              |               |                     |                              | XXX                                 |          |            |    |                |         |            |
| <ol> <li>Totals (Sum of Lines 1 to</li> </ol>  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| DIRECT DIVIDENDS   |              | CYHOLDERS     |                     |                              |                                     |          |            |    |                |         |            |
| Life insurance:  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 6.1 Paid in cash or left o   |              |               |                     |                              |                                     |          |            |    |                |         |            |
| <ul><li>6.2 Applied to pay renew</li><li>6.3 Applied to provide page 1</li></ul>   |              |               |                     |                              |                                     |          |            |    |                |         |            |
| the endowment or p   | emium-pay    | ing period    |                     |                              |                                     |          |            |    |                |         |            |
| 6.5 Totals (sum of Line 6  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| Annuities:   |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 7.1 Paid in cash or left of  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 7.2 Applied to provide pa  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 7.4 Totals (sum of Lines   |              |               | ···                 |                              | · · · · · ·                         |          |            |    |                |         |            |
| B. Grand Totals (Lines 6.5)  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| DIRECT CLAIMS  | AND BENE     | FITS PAID     | <b>**</b>           |                              |                                     |          |            |    |                |         |            |
| Death benefits   |              |               |                     |                              | <i>J.</i>                           |          | -          |    |                |         |            |
| Matured endowments   |              |               |                     |                              |                                     |          |            |    |                |         |            |
| <ol> <li>Annuity benefits</li> <li>Surrender values and wi</li> </ol>  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| <ol> <li>Surrender values and with surrender values and surrender val</li></ol> |              |               |                     |                              |                                     |          |            |    |                |         |            |
| and benefits paid  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| <ol> <li>All other benefits, except</li> </ol>   | accident ar  | nd health     |                     |                              |                                     |          |            |    |                |         |            |
| 5. Totals  DETAILS OF WRITE-IN   |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 301  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 302.   |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 303  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 398. Summary of Line 13 fron   | n overflow p | age           |                     |                              |                                     |          |            |    |                |         |            |
| 399. Totals (Lines 1301 thru 1 above)  | 303 plus 13  | 398) (Line 13 |                     |                              |                                     |          |            |    |                |         |            |
| above  | _            |               | L                   |                              |                                     | ı        |            |    |                |         |            |
|  |              | Ordinary      |                     | Credit Life<br>and Individua | al)                                 | Group    |            | ı  | ndustrial      |         | Total      |
| DIRECT DEATH   | 1            | 2             | 3                   | 4                            | 5                                   | 6        |            | 7  | 8              | 9       | 10         |
| BENEFITS AND<br>MATURED  |              |               | No. of<br>Ind.Pols. |                              |                                     |          |            |    |                |         |            |
| ENDOWMENTS   |              |               | & Gr.               |                              | No. of                              |          |            |    |                |         |            |
| INCURRED   | No.          | Amount        | Certifs.            | Amount                       | Certifs.                            | Amo      | unt N      | Ю. | Amount         | No.     | Amour      |
| <ol> <li>Unpaid December 31, prior</li> </ol>  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| year  Incurred during current yea  |              |               |                     | •••••                        |                                     |          |            |    |                |         |            |
| Settled during current year:   |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 18.1 By payment in full  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 18.2 By payment on   |              |               |                     |                              |                                     |          |            |    |                |         |            |
| compromised claims<br>18.3 Totals paid   |              |               |                     |                              |                                     |          |            |    |                |         |            |
| 18.4 Reduction by  |              |               |                     |                              |                                     |          |            |    |                |         |            |
| compromise   |              |               | <b>\</b>            |                              | <b>\</b>   <b></b>                  |          |            |    |                |         |            |
| 18.5 Amount rejected<br>18.6 Total settlements   |              |               | ┫                   |                              |                                     | <u> </u> |            |    |                |         |            |
| Unpaid Dec. 31, current  |              |               |                     |                              |                                     | 7        |            |    |                |         |            |
| year (16+17-18.6)  |              |               | 7                   |                              | <b>7   3 '</b>                      |          |            |    |                |         |            |
| DOLLOY EVUIDIT   |              |               |                     |                              | of                                  |          |            |    |                |         |            |
| POLICY EXHIBIT  1. In force December 31, prior   | .            |               |                     |                              | Policies                            | 1        |            |    |                |         |            |
| year   |              |               |                     | (a)                          |                                     | <b></b>  |            |    |                |         |            |
| . Issued during year   |              |               |                     |                              |                                     | <b>_</b> |            |    |                |         |            |
| <ol><li>Other changes to in force</li></ol>  |              |               | 1                   |                              |                                     |          |            |    |                | 1       |            |
| (Net)  |              |               |                     |                              |                                     |          |            |    |                |         |            |

(a) Includes Individual Credit Life Insurance prior year \$ ......................, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ , current year \$

#### **ACCIDENT AND HEALTH INSURANCE**

|      |  | 1               | 2               | 3                                       | 4                  | 5             |
|------|--|-----------------|-----------------|---|--------------------|---------------|
|      |  |                 | Direct Premiums | Dividends Paid Or<br>Credited On Direct |                    | Direct Losses |
|      |  | Direct Premiums | Earned          | Business                                | Direct Losses Paid | Incurred      |
| 24.  | Group Policies (b)                                   |                 |                 |   |                    |               |
| 24.1 | Federal Employees Health Benefits Plan premium (b)   |                 |                 |   |                    |               |
| 24.2 | Credit (Group and Individual)                        |                 |                 |   |                    |               |
| 24.3 | Collectively renewable policies (b)                  |                 |                 |   |                    |               |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | 13,145,278      | 13,469,473      | 0                                       | 12,078,485         | 11,037,256    |
|      | Other Individual Policies:                           |                 |                 |   |                    |               |
| 25.1 | Non-cancelable (b)                                   |                 |                 |   |                    |               |
| 25.2 | Guaranteed renewable (b)                             |                 |                 |   |                    |               |
|      | Non-renewable for stated reasons only (b)            |                 |                 |   |                    |               |
| 25.4 | Other accident only                                  |                 |                 |   |                    |               |
|      | All other (b)  |                 |                 |   |                    |               |
|      | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0               | 0                                       | 0                  | 0             |
| 26.  | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 13,145,278      | 13,469,473      | 0                                       | 12,078,485         | 11,037,256    |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons

current year



| DIRECT BUSINESS IN THE NAIC Group Code 4667   | STATE C              | F Tennessee      |                    | LI              | FE I       | NSUR                       | ANCE   | =        |                 |                |               | YEAR 2017<br>Code 12575 |
|---|----------------------|------------------|--------------------|-----------------|------------|----------------------------|--|----------|-----------------|----------------|---------------|-------------------------|
|   |                      |                  |                    | 1               |            | 2                          |  |          | 3               | 4              | Jonipany      | 5                       |
| AND ANNUITY   | PREMIUMS<br>CONSIDER |                  | Ordi               | inary           |            | dit Life (G<br>nd Individu |  | Gr       | roup            | Industria      | ı             | Total                   |
| Life insurance  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| Annuity considerations     Deposit-type contract fun                                    |                      |                  |                    |                 |            | XXX                        |  |          |                 | XXX            |               |                         |
| Other considerations  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 5. Totals (Sum of Lines 1 to  | 4)                   |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| DIRECT DIVIDENDS  | TO POLIC             | YHOLDERS         |                    |                 |            |                            |  |          |                 |                |               |                         |
| Life insurance:<br>6.1 Paid in cash or left or  | denosit              |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 6.2 Applied to pay renewa   | al premiums          | S                |                    |                 |            |                            |  |          |                 |                |               |                         |
| 6.3 Applied to provide pa   |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| the endowment or pr<br>6.4 Other  | emium-payi           | ng perioa        |                    |                 |            |                            |  |          |                 |                |               |                         |
| 6.5 Totals (sum of Line 6   |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| Annuities:  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 7.1 Paid in cash or left or 7.2 Applied to provide pa                                   |                      |                  |                    |                 |            |                            |  |          |                 | -              |               |                         |
| 7.3 Other   |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 7.4 Totals (sum of Lines  | ,                    |                  | <b>.</b>           |                 |            |                            |  |          |                 |                |               |                         |
| 8. Grand Totals (Lines 6.5 p  |                      | FITS PAID        | <del>- 1</del>     |                 | ш          | -11-7                      | $\forall$                                    |          |                 |                |               |                         |
| 9. Death benefits   |                      |                  |                    |                 |            |                            | <u>,                                    </u> |          |                 |                |               |                         |
| 10. Matured endowments  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| Annuity benefits      Surrender values and wit  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| <ul><li>12. Surrender values and wit</li><li>13. Aggregate write-ins for m</li></ul>    |                      |                  |                    |                 |            |                            |  |          |                 | †              |               |                         |
| and benefits paid   |                      |                  |                    |                 |            |                            |  |          |                 | <b>-</b>       |               |                         |
| <ul><li>14. All other benefits, except</li><li>15. Totals</li></ul>                     | accident an          | a health         |                    |                 |            |                            |  |          |                 | <del> </del>   |               |                         |
| DETAILS OF WRITE-INS  | 3                    |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 1301.   |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 1302.   |                      |                  |                    |                 |            |                            |  |          |                 | -              |               |                         |
| 1303<br>1398. Summary of Line 13 from   | overflow pa          |                  |                    |                 |            |                            |  |          |                 | -              |               |                         |
| 1399. Totals (Lines 1301 thru 1   |                      | •                |                    |                 |            |                            |  |          |                 |                |               |                         |
| above)  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
|   |                      | 0 "              |                    | Credit Life     |            |                            | _  |          |                 |                |               | T                       |
| DIRECT DEATH  | 1                    | Ordinary<br>2    | (Group             | and Individ     | ual)       | 5                          | Group  | 6<br>6   | 7               | ndustrial<br>8 | 9             | Total 10                |
| BENEFITS AND  |                      | _                | No. of             |                 |            |                            |  |          |                 | -              |               |                         |
| MATURED<br>ENDOWMENTS   |                      |                  | Ind.Pols.<br>& Gr. |                 |            | No. of                     |  |          |                 |                |               |                         |
| INCURRED  | No.                  | Amount           | Certifs.           | Amour           | nt         | Certifs.                   | Α  | mount    | No.             | Amount         | No.           | Amount                  |
| 16. Unpaid December 31, prior year  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 17. Incurred during current year  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| Settled during current year:  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 18.1 By payment in full<br>18.2 By payment on   |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| compromised claims  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 18.3 Totals paid<br>18.4 Reduction by   |                      |                  |                    |                 |            |                            |  |          | +               |                |               |                         |
| compromise  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 18.5 Amount rejected  |                      |                  | <b>\</b>           |                 |            |                            |  |          | T               |                |               |                         |
| 18.6 Total settlements 19. Unpaid Dec. 31, current                                      |                      |                  |                    |                 |            |                            | <del></del>                                  |          |                 |                |               |                         |
| year (16+17-18.6)   |                      |                  | 74                 |                 |            |                            |  |          |                 |                |               |                         |
| POLICY EXHIBIT  |                      |                  |                    |                 |            | Policies                   |  |          |                 |                |               |                         |
| 20. In force December 31, prior   |                      |                  |                    |                 |            | 1 Olicies                  |  |          |                 |                |               |                         |
| year  |                      |                  |                    | (a)             |            | <del> </del>               | <del> </del>                                 |          | +               |                | <del> </del>  |                         |
| 21. Issued during year<br>22. Other changes to in force                                 |                      |                  |                    |                 |            | <b>†</b>                   | t  |          | +               |                |               |                         |
| (Net)   |                      |                  |                    |                 |            | <del> </del>               | <b> </b>                                     |          | +               |                | <b></b>       |                         |
| 23. In force December 31 of<br>current year   |                      |                  |                    | (a)             |            |                            | L  |          |                 |                |               |                         |
| (a) Includes Individual Credit Life   |                      |                  |                    | , C             |            |                            |  |          |                 |                |               |                         |
| Includes Group Credit Life Ins<br>Loans greater than 60 months                          |                      |                  |                    |                 |            |                            |  |          |                 | rrent year \$  |               |                         |
| Loans greater than 60 months  | s at issue Di        |                  |                    |                 | •          | •                          |  |          | , Cu            | rrent year \$  |               |                         |
|   |                      | Δ                |                    | NT AND          | HEA        |                            | NSUF   |          | 2               |                | 1             |                         |
|   |                      |                  |                    | 1               |            | 2                          |  |          | 3<br>ds Paid Or | 4              |               | 5                       |
|   |                      |                  | D: . D             |                 | Dir        | ect Premi                  | ums  |          | On Direct       | B              | B : 1         | Direct Losses           |
| 24. Group Policies (b)  |                      |                  | Direct P           | remiums         |            | Earned                     |  | Bus      | siness          | Direct Losses  | Paid          | Incurred                |
| 24.1 Federal Employees Heal   | th Benefits F        | Plan             |                    |                 |            |                            |  |          |                 |                |               |                         |
| premium (b)   |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| <ul><li>24.2 Credit (Group and Individ</li><li>24.3 Collectively renewable po</li></ul> |                      |                  |                    |                 |            |                            |  | l        |                 |                |               |                         |
| 24.4 Medicare Title XVIII exen  |                      |                  |                    | 69,487,461      |            | 74,05                      | 55,227                                       |          | 0               | 63,3           | 94,804        | 57,945,007              |
| Other Individual Policies:  |                      |                  |                    |                 |            |                            |  |          |                 |                |               | -                       |
| 25.1 Non-cancelable (b)   |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 25.2 Guaranteed renewable (c  | *                    |                  |                    |                 | L          |                            |  | <u> </u> |                 |                |               |                         |
| 25.4 Other accident only  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 25.5 All other (b)  |                      |                  |                    |                 |            |                            |  |          |                 |                |               |                         |
| 25.6 Totals (sum of Lines 25.1<br>26. Totals (Lines 24 + 24.1 +                         | to 25.5)             | 3 + 24 4 × 25 61 |                    | 0<br>69,487,461 |            | 7/ 0                       | 0<br>55,227                                  | <b> </b> | 0<br>0          |                | 0<br>94,804   | 0<br>57,945,007         |
| (b) For health business on inc  |                      |                  |                    |                 | er PPC     |                            |  | roducts  |                 |                |               | , ,                     |
| (b) For fleatin business on inc   |                      | •                | or harsons I       | noured unde     | ,, r. r. C | managet                    | u care p                                     | 7 00000  |                 | and            | i iluilibel 0 | heisoiis                |

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insured under indemnity only products



| DIRECT BUSINESS IN THE<br>NAIC Group Code 4667                      | E STATE C     | )F Texas         |                  | LI                                    | FE II  | NSUR!             | ANCE        | Ē        |                         | _             |              | YEAR 2017<br>by Code 12575 |
|---|---------------|------------------|------------------|---------------------------------------|--|-------------------|-------------|----------|-------------------------|---------------|--------------|----------------------------|
| '   | PREMIUMS      | 5                | 1                | 1                                     |  | 2<br>dit Life (Gr |             |          | 3                       | 4             |              | 5                          |
| AND ANNUITY   | CONSIDER      | ATIONS           | Ordi             | inary                                 |  | nd Individu       |             | Gr       | oup                     | Industria     | ıl           | Total                      |
| Life insurance     Annuity considerations                           |               |                  |                  |                                       | <br>I  |                   |             |          |                         |               |              |                            |
| Deposit-type contract fur   |               |                  |                  |                                       | <br>I  | XXX               |             |          |                         | XXX           |              |                            |
| Other considerations  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 5. Totals (Sum of Lines 1 to  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| DIRECT DIVIDEND Life insurance:                                     | S TO POLIC    | YHOLDERS         |                  |                                       | i  |                   |             |          |                         |               |              |                            |
| 6.1 Paid in cash or left o  | n deposit     |                  |                  |                                       | i  |                   |             |          |                         |               |              |                            |
| 6.2 Applied to pay renew  | al premiums   | 3                |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 6.3 Applied to provide pa   |               |                  |                  |                                       | ı  |                   |             |          |                         |               |              |                            |
| the endowment or p<br>6.4 Other                                     |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 6.5 Totals (sum of Line 6   |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| Annuities:  |               |                  |                  |                                       | i  |                   |             |          |                         |               |              |                            |
| 7.1 Paid in cash or left o  |               |                  |                  |                                       | <br>I  |                   |             |          |                         |               |              |                            |
| 7.2 Applied to provide pa   |               |                  |                  |                                       |  |                   |             |          |                         | -             |              |                            |
| 7.4 Totals (sum of Lines  | 7.1 to 7.3)   |                  | <b></b>          |                                       |  |                   |             |          |                         |               |              |                            |
| 8. Grand Totals (Lines 6.5  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| DIRECT CLAIMS   |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| Death benefits  10. Matured endowments                              |               |                  |                  |                                       | <b>,</b> , , , , , , , , , , , , , , , , , , |                   |             |          |                         | +             |              |                            |
| 11. Annuity benefits  |               |                  |                  | · · · · · · · · · · · · · · · · · · · |  |                   | <del></del> |          |                         |               |              |                            |
| 12. Surrender values and wi   | thdrawals for | r life contracts |                  |                                       |  |                   |             |          |                         |               |              |                            |
| <ol> <li>Aggregate write-ins for n<br/>and benefits paid</li> </ol> |               |                  |                  |                                       | ii   |                   |             | 1        |                         |               |              |                            |
| 14. All other benefits, except                                      |               |                  |                  |                                       |  |                   |             |          |                         | <u> </u>      | <del>-</del> |                            |
| 15. Totals  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| DETAILS OF WRITE-IN   | _             |                  |                  |                                       | ı  |                   |             |          |                         |               |              |                            |
| 1301.<br>1302.  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 1303.   |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 1398. Summary of Line 13 from                                       | n overflow pa | age              |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 1399. Totals (Lines 1301 thru above)                                | 1303 plus 13  | 98) (Line 13     |                  |                                       | i  |                   |             |          |                         |               |              |                            |
| above)  | 1             |                  | <u> </u>         |                                       |  |                   |             | <u> </u> | 1                       |               |              |                            |
|   |               | Ordinary         |                  | Credit Life<br>o and Individ          | ual)   |                   | Group       | n        | Ir                      | ndustrial     |              | Total                      |
| DIRECT DEATH  | 1             | 2                | 3                | 4                                     | <u>uu.,</u>                                  | 5                 | C 0 G.      | 6        | 7                       | 8             | 9            | 10                         |
| BENEFITS AND<br>MATURED   |               |                  | No. of Ind.Pols. |                                       |  |                   |             |          |                         |               |              |                            |
| ENDOWMENTS  |               |                  | & Gr.            |                                       |  | No. of            |             |          |                         |               |              |                            |
| INCURRED  | No.           | Amount           | Certifs.         | Amour                                 | nt   | Certifs.          | Aı          | mount    | No.                     | Amount        | No.          | Amount                     |
| 16. Unpaid December 31, prior year                                  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| <ol><li>17. Incurred during current yea</li></ol>                   | r             |                  |                  |                                       |  | ļ                 |             |          | ļ                       |               |              |                            |
| Settled during current year   |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 18.1 By payment in full<br>18.2 By payment on                       |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| compromised claims  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 18.3 Totals paid  |               |                  |                  |                                       |  | <del> </del>      |             |          |                         |               |              |                            |
| 18.4 Reduction by compromise  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 18.5 Amount rejected  |               |                  |                  |                                       | •  |                   |             |          | Τ                       |               |              |                            |
| 18.6 Total settlements 19. Unpaid Dec. 31, current                  |               |                  |                  |                                       |  |                   | <u></u>     |          |                         |               |              |                            |
| year (16+17-18.6)   |               |                  |                  |                                       |  | <b>       </b>    | Ш           |          |                         |               |              |                            |
|   |               |                  |                  |                                       |  | of                |             |          |                         |               |              |                            |
| POLICY EXHIBIT  20. In force December 31, prio                      | r             |                  |                  |                                       |  | Policies          |             |          |                         |               |              |                            |
| year  |               |                  |                  | (a)                                   |  | <b></b>           | ļ           |          | <b></b>                 |               |              |                            |
| 21. Issued during year  |               |                  |                  |                                       |  | <b>+</b>          | <b></b>     |          | <del> </del>            |               |              |                            |
| 22. Other changes to in force (Net)                                 |               |                  |                  |                                       |  | <u> </u>          | <b>_</b>    |          |                         |               |              |                            |
| 23. In force December 31 of   |               |                  |                  | (0)                                   |  |                   |             |          |                         |               |              |                            |
| current year (a) Includes Individual Credit Life                    | Insurance r   | rior year \$     |                  | (a), c                                | urrent                                       | vear \$           |             |          |                         |               |              |                            |
| Includes Group Credit Life In                                       |               | •                |                  |                                       |  | •                 |             |          |                         | rrent year \$ |              |                            |
| Loans greater than 60 month   | s at issue Bl | UT NOT GREATE    | ER THAN 12       | 20 MONTHS                             | 3, prior                                     | year \$           |             |          | , cu                    | rrent year \$ |              |                            |
|   |               | Δ                | CCIDE            | NT AND                                | HE4  | ALTH II           | NSUF        | RANCE    |                         |               |              |                            |
|   |               |                  | 1                | 1                                     | _ <del></del>                                | 2                 |             | ,        | 3                       | 4             |              | 5                          |
|   |               |                  |                  |                                       | Die  | ect Premiu        | ume         |          | ls Paid Or<br>On Direct |               |              | Direct Losses              |
|   |               |                  | Direct P         | remiums                               | اال  | Earned            | פווג        |          | iness                   | Direct Losses | s Paid       | Incurred                   |
| 24. Group Policies (b)  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 24.1 Federal Employees Hea premium (b)                              |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 24.2 Credit (Group and Individual                                   |               |                  |                  |                                       | <br>L  |                   |             | <u></u>  |                         |               | }            |                            |
| 24.3 Collectively renewable p                                       | olicies (b)   |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 24.4 Medicare Title XVIII exer                                      | •             | te taxes or fees | 16               | 64,687,795                            |  | 192,48            | 32,938      | ļ        | 0                       | 171,7         | 60,886       | 156,973,227                |
| Other Individual Policies<br>25.1 Non-cancelable (b)                |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 25.2 Guaranteed renewable (   |               |                  |                  |                                       | <br>   |                   |             |          |                         |               |              |                            |
| 25.3 Non-renewable for state  | d reasons or  | nly (b)          |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 25.4 Other accident only  |               |                  |                  |                                       |  |                   |             |          |                         |               |              |                            |
| 25.5 All other (b)  | 1 to 2F 5\    |                  | }                |                                       | [  |                   |             | }        | 0                       |               |              | ^                          |
| Land Lordis (Stiff) Of Lines 25                                     | / 2 21        |                  |                  | () (                                  |  |                   | ()          | •        | U                       |               | UI           | 0                          |
| 26. Totals (Lines 24 + 24.1 -                                       | + 24.2 + 24.3 | 3 + 24.4 + 25.6) | 16               | 64,687,795                            |  | 192 48            | 32,938      |          | 0                       |               | 60,886       | 156,973,227                |

insured under indemnity only products ......0 .



| DIRECT BUSINESS IN THE ST<br>NAIC Group Code 4667   | TATE O             | F Utah          |                     | LI                         | FE IN          | SURA               | ANCE       | ·<br><b>E</b> |                         |               | ING THE<br>Compar |        | 2017<br>12575        |
|---|--------------------|-----------------|---------------------|----------------------------|----------------|--------------------|------------|---------------|-------------------------|---------------|-------------------|--------|----------------------|
| DIRECT PR   | EMILIMS            |                 |                     | 1                          | Credit         | 2<br>t Life (Gr    | roup       | ;             | 3                       | 4             |                   | •      | 5                    |
| AND ANNUITY CO  | NSIDER/            | ATIONS          | Ordi                | inary                      |                | Individu           |            | Gr            | oup                     | Industri      | al                | To     | otal                 |
| Life insurance  Annuity considerations  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| Deposit-type contract funds   |                    |                 |                     |                            |                | XXX                |            |               |                         | XXX           | <u>l</u>          |        |                      |
| 4. Other considerations   |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 5. Totals (Sum of Lines 1 to 4)  DIRECT DIVIDENDS TO  |                    | VHOI DEDS       |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| Life insurance:   | O POLIC            | THOLDERS        |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 6.1 Paid in cash or left on de  | eposit             |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 6.2 Applied to pay renewal p<br>6.3 Applied to provide paid-u                                   |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| the endowment or premi  | ium-payir          | ng period       |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 6.4 Other6.5 Totals (sum of Line 6.1 to   | - C 4\             |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| Annuities:  | 0 6.4)             |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 7.1 Paid in cash or left on de  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 7.2 Applied to provide paid-u   |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 7.4 Totals (sum of Lines 7.1  |                    |                 |                     |                            |                | ,                  |            |               |                         |               |                   |        |                      |
| 8. Grand Totals (Lines 6.5 plus   |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 9. Death benefits   |                    |                 | 74                  |                            |                |                    |            |               |                         |               |                   |        |                      |
| 10. Matured endowments  |                    |                 |                     |                            |                |                    | T          |               |                         |               |                   |        |                      |
| 11. Annuity benefits  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| <ul><li>12. Surrender values and withdr</li><li>13. Aggregate write-ins for misce</li></ul>     |                    | i i             | <u> </u>            |                            |                |                    |            | l             |                         | <u> </u>      |                   |        |                      |
| and benefits paid   |                    |                 |                     |                            |                |                    |            | <u> </u>      |                         | <del> </del>  |                   |        |                      |
| <ul><li>14. All other benefits, except acc</li><li>15. Totals</li></ul>                         | ciaent and         | a nealth        |                     |                            |                |                    |            |               |                         | +             |                   |        |                      |
| DETAILS OF WRITE-INS  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 1301.   |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 1302.<br>1303.  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 1398. Summary of Line 13 from ov  | erflow pa          | ge              |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 1399. Totals (Lines 1301 thru 1303 above)   | 3 plus 139         | 98) (Line 13    |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| abovoj  |                    | I               |                     | O                          | 1              |                    |            | I             |                         |               |                   |        |                      |
|   | (                  | Ordinary        |                     | Credit Life<br>and Individ | lual)          |                    | Group      | 0             | Ir                      | ndustrial     |                   | Total  |                      |
| DIRECT DEATH<br>BENEFITS AND  | 1                  | 2               | 3<br>No. of         | 4                          |                | 5                  |            | 6             | 7                       | 8             | 9                 |        | 10                   |
| MATURED   |                    |                 | No. of<br>Ind.Pols. |                            |                |                    |            |               |                         |               |                   |        |                      |
| ENDOWMENTS<br>INCURRED  | No.                | Amount          | & Gr.<br>Certifs.   | Amour                      |                | No. of<br>Certifs. | Δ          | mount         | No.                     | Amount        | No.               |        | Amount               |
| 16. Unpaid December 31, prior   | INO.               | Amount          | Oertiis.            | Ailloui                    | 11 (           | Jeruis.            | A          | mount         | IVO.                    | Amount        | 110.              | ,      | Amount               |
| year17. Incurred during current year  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| Settled during current year:  |                    |                 |                     |                            |                |                    |            |               | İ                       |               |                   |        |                      |
| . , , ,   |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 18.2 By payment on compromised claims   |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 18.3 Totals paid  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 18.4 Reduction by compromise  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 18.5 Amount rejected  |                    |                 | <b>\</b>            |                            | $\blacksquare$ |                    |            |               |                         |               |                   |        |                      |
| 18.6 Total settlements  |                    |                 |                     |                            |                |                    | <u> </u>   |               |                         |               |                   |        |                      |
| year (16+17-18.6)   |                    |                 | - 13                |                            |                |                    |            |               |                         |               |                   |        |                      |
| POLICY EXHIBIT  |                    |                 |                     |                            |                | of Policies        |            |               |                         |               |                   |        |                      |
| 20. In force December 31, prior   |                    |                 |                     | (a)                        |                | 2.30               |            |               |                         |               |                   |        |                      |
|   |                    |                 |                     | (a)                        |                |                    |            |               | <u> </u>                |               |                   |        |                      |
| 22. Other changes to in force   |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| (Net)23. In force December 31 of  |                    |                 |                     |                            |                |                    |            |               | †                       |               |                   |        |                      |
| current year  |                    |                 |                     | (a)                        |                |                    |            |               |                         |               |                   |        |                      |
| <ul><li>(a) Includes Individual Credit Life Ins<br/>Includes Group Credit Life Insura</li></ul> |                    | •               |                     | , C                        |                |                    |            |               |                         | rrent year \$ |                   |        |                      |
| Loans greater than 60 months at   |                    |                 | •                   |                            |                | •                  |            |               |                         | rrent year \$ |                   |        |                      |
|   |                    | Δ               | CCIDE               | NT AND                     | HEAL           | TH IN              | NSUF       | RANCE         |                         |               |                   |        |                      |
|   |                    |                 |                     | 1                          |                | 2                  |            | ;             | 3                       | 4             |                   |        | 5                    |
|   |                    |                 |                     |                            | Direc          | t Premiu           | ıms        |               | ls Paid Or<br>On Direct |               |                   | Direct | Losses               |
|   |                    |                 | Direct P            | remiums                    |                | Earned             |            |               | iness                   | Direct Losse  | s Paid            |        | urred                |
| 24. Group Policies (b)<br>24.1 Federal Employees Health E                                       |                    |                 |                     |                            | l              |                    |            | ļ             |                         |               |                   |        |                      |
| premium (b)   |                    |                 |                     |                            |                |                    |            |               |                         | ļ             |                   |        |                      |
| <ul><li>24.2 Credit (Group and Individual</li><li>24.3 Collectively renewable polici</li></ul>  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 24.4 Medicare Title XVIII exempt  | from state         | e taxes or fees |                     | 12,296,235                 |                | 12,06              |            |               | 0                       | 10,           |                   |        | 9,351,212            |
| Other Individual Policies:  |                    |                 |                     | , ,                        |                | , - •              | ,          |               |                         |               | ,                 |        | , , — . <del>-</del> |
| 25.1 Non-cancelable (b)<br>25.2 Guaranteed renewable (b)  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 25.3 Non-renewable for stated rea   | asons onl          | ly (b)          |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 1   |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 25.4 Other accident only  |                    |                 |                     |                            |                |                    |            |               |                         |               |                   |        |                      |
| 25.5 All other (b)  |                    |                 |                     |                            |                |                    |            |               | n                       |               | <u>-</u>          |        |                      |
| 25.4 Other accident only  | 25.5)<br>.2 + 24.3 | + 24.4 + 25.6)  |                     | 0                          |                | 12,06              | 0<br>1,601 |               | 0<br>0                  | 10,           | 231,590           |        | 9,351,212            |

insured under indemnity only products ......0 .



| S  | I IPPI F                                 | MENT FOR                            | THE Y                            | FAR 2017                       |                                   | Silve       | s 7 5                           |                        | e Company     |               |                           |
|--|--|-------------------------------------|----------------------------------|--------------------------------|-----------------------------------|-------------|---------------------------------|------------------------|---------------|---------------|---------------------------|
| DIRECT BUSINESS IN THE<br>NAIC Group Code 4667   |  |                                     |                                  | LIF                            | E INSUR                           |             | <b>.</b>                        |                        | DURII<br>NAIC | NG THE        | YEAR 2017<br>y Code 12575 |
| _  | REMIUMS                                  |                                     |                                  | 1                              | Credit Life (G                    |             | 3                               |                        | 4             |               | 5                         |
| AND ANNUITY C  1. Life insurance   |  |                                     | Ord                              | linary                         | and Individu                      | iai)        | Gro                             | oup                    | Industria     |               | Total                     |
| <ol> <li>Annuity considerations</li> <li>Deposit-type contract fund</li> </ol>   |  |                                     |                                  |                                | XXX                               |             |                                 |                        | XXX           |               |                           |
| Other considerations   |  |                                     |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| 5. Totals (Sum of Lines 1 to 4   | ,  | YHOLDERS                            |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| Life insurance: 6.1 Paid in cash or left on 6.2 Applied to pay renewal 6.3 Applied to provide paic the endowment or pre 6.4 Other  | premiums I-up additio mium-payir to 6.4) | ns or shorten                       |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| 7.2 Applied to provide paid 7.3 Other  | •  |                                     |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| 7.4 Totals (sum of Lines 7.  | .1 to 7.3)                               |                                     | <b>\</b>                         |                                |                                   |             |                                 |                        |               |               |                           |
| 8. Grand Totals (Lines 6.5 pline DIRECT CLAIMS A 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and with 13. Aggregate write-ins for mis and benefits paid 14. All other benefits, except a 15. Totals  DETAILS OF WRITE-INS | drawals for<br>scellaneous               | life contracts s direct claims      | V                                |                                |                                   |             |                                 |                        |               |               |                           |
| 1301<br>1302   |  |                                     |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| 1303   |  |                                     |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| 1398. Summary of Line 13 from 0<br>1399. Totals (Lines 1301 thru 13  |  | •                                   |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| above)   |  |                                     |                                  |                                |                                   |             |                                 |                        |               |               |                           |
|  |  | Ordinary                            |                                  | Credit Life<br>p and Individua | al)                               | Group       |                                 | In                     | dustrial      |               | Total                     |
| DIRECT DEATH<br>BENEFITS AND<br>MATURED<br>ENDOWMENTS  | 1  | 2                                   | 3<br>No. of<br>Ind.Pols<br>& Gr. | 4                              | 5<br>No. of                       | Стоир       | 6                               | 7                      | 8             | 9             | 10                        |
| INCURRED   | No.                                      | Amount                              | Certifs.                         | Amount                         |                                   | Aı          | mount                           | No.                    | Amount        | No.           | Amount                    |
| 16. Unpaid December 31, prior year   |  |                                     |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements  |  |                                     |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| 19. Unpaid Dec. 31, current year (16+17-18.6)  |  |                                     | M                                |                                |                                   |             |                                 |                        |               |               |                           |
| POLICY EXHIBIT  20. In force December 31, prior year   |  |                                     |                                  | (a)                            | Policies                          |             |                                 |                        |               |               |                           |
| current year   |  |                                     |                                  | (a)                            |                                   |             |                                 |                        |               |               |                           |
| (a) Includes Individual Credit Life In<br>Includes Group Credit Life Insu<br>Loans greater than 60 months  | rance Loar                               | ns less than or eq<br>JT NOT GREATE | ual to 60 n<br>R THAN 1          | nonths at issue<br>20 MONTHS,  | e, prior year \$<br>prior year \$ |             |                                 | , cur                  |               |               |                           |
|  |  | A                                   |                                  | NT AND F                       | HEALTH II                         | NSUF        | RANCE                           | 3                      | 4             | 1             | 5                         |
| 24. Group Policies (b)   |  |                                     |                                  | Premiums                       | Direct Premi<br>Earned            | ums         | Dividends<br>Credited (<br>Busi | s Paid Or<br>On Direct | Direct Losses | s Paid        | Direct Losses<br>Incurred |
| 24.1 Federal Employees Health premium (b)  | Benefits F                               | Plan                                |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| 24.2 Credit (Group and Individu  | al)                                      |                                     |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| <ul> <li>24.3 Collectively renewable policies:</li> <li>24.4 Medicare Title XVIII exempother Individual Policies:</li> <li>25.1 Non-cancelable (b)</li></ul>   | ot from stat                             | e taxes or fees                     |                                  |                                | 14,38                             | 35,786      |                                 | 0                      | 12,2          |               | 11,217,675                |
| 25.3 Non-renewable for stated of 25.4 Other accident only  | reasons on                               | ly (b)                              |                                  |                                |                                   |             |                                 |                        |               |               |                           |
| <ul><li>25.6 Totals (sum of Lines 25.1 f</li><li>26. Totals (Lines 24 + 24.1 + 2</li></ul>   |  |                                     |                                  | 13,311,909                     |                                   | 0<br>35,786 |                                 | 0<br>0                 | 12.2          | 0  <br>76,942 | 0                         |
| (b) For health business on indic   |  |                                     |                                  |                                |                                   |             | roducts .                       |                        |               |               |                           |

insured under indemnity only products



| DIRECT BUSINESS IN THE<br>NAIC Group Code 4667  | STATE O      | F Virginia      |                    | LI          | FE I   | NSURA                       | ANCE   | ≣        |                 |                |          | YEAR 2017<br>Code 12575   |
|---|--------------|-----------------|--------------------|-------------|--------|-----------------------------|--------|----------|-----------------|----------------|----------|---------------------------|
|   | PREMIUMS     |                 | -                  | 1           |        | 2<br>dit Life (G            |        |          | 3               | 4              |          | 5                         |
| AND ANNUITY C   |              |                 | Ordi               | nary        |        | dit Life (Gi<br>nd Individu |        | Gr       | oup             | Industrial     | .        | Total                     |
| 1. Life insurance   |              |                 |                    |             |        |                             |        |          |                 | -              |          |                           |
| <ol> <li>Annuity considerations</li> <li>Deposit-type contract fund</li> </ol>                            |              |                 |                    |             |        | XXX                         |        |          |                 |                |          |                           |
| Other considerations  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 5. Totals (Sum of Lines 1 to 4  DIRECT DIVIDENDS  | ,            | YHOLDERS        |                    |             |        |                             |        |          |                 |                |          |                           |
| Life insurance:<br>6.1 Paid in cash or left on  | deposit      |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 6.2 Applied to pay renewa   | l premiums   |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 6.3 Applied to provide paid<br>the endowment or pre   | mium-payir   | ng period       |                    |             |        |                             |        |          |                 |                |          |                           |
| 6.4 Other<br>6.5 Totals (sum of Line 6.1  | I to 6.4)    |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| Annuities:<br>7.1 Paid in cash or left on   | deposit      |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 7.2 Applied to provide paid 7.3 Other   |              |                 |                    |             |        |                             |        |          |                 | +              |          |                           |
| 7.4 Totals (sum of Lines 7  |              |                 | <b>\</b>           |             | 7      |                             |        |          |                 |                |          |                           |
| 8. Grand Totals (Lines 6.5 pl   |              | TITO DAID       | <b>7</b> 1         |             |        | 17                          |        |          |                 |                |          |                           |
| 9. Death benefits   |              |                 | W                  |             | J      | <b>II</b> 7                 |        |          |                 |                |          |                           |
| 10. Matured endowments  |              |                 | <b>T</b>           |             |        |                             |        |          |                 |                |          |                           |
| 11. Annuity benefits  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| <ul><li>12. Surrender values and with</li><li>13. Aggregate write-ins for mis and benefits paid</li></ul> | scellaneous  | s direct claims |                    |             |        |                             |        | L        |                 | -              |          |                           |
| 14. All other benefits, except a  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 15. Totals  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| DETAILS OF WRITE-INS  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 1302.   |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 1303  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 1398. Summary of Line 13 from 1399. Totals (Lines 1301 thru 13  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| above)  |              | / (             |                    |             |        |                             |        |          |                 |                |          |                           |
|   |              |                 |                    | Credit Life |        |                             | _      |          |                 |                |          |                           |
| DIRECT DEATH  | 1            | Ordinary<br>2   | (Group             | and Individ | ual)   | 5                           | Group  | 6        | 7               | ndustrial<br>8 | 9        | Total<br>10               |
| BENEFITS AND  |              | _               | No. of             |             |        | ŭ                           |        | Ü        | ,               | Ü              |          |                           |
| MATURED<br>ENDOWMENTS   |              |                 | Ind.Pols.<br>& Gr. |             |        | No. of                      |        |          |                 |                |          |                           |
| INCURRED  | No.          | Amount          | Certifs.           | Amour       | nt     | Certifs.                    | A      | mount    | No.             | Amount         | No.      | Amount                    |
| 16. Unpaid December 31, prior year  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 17. Incurred during current year  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| Settled during current year:<br>18.1 By payment in full   |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 18.2 By payment on  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| compromised claims 18.3 Totals paid   |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 18.4 Reduction by   |              |                 |                    |             |        | İ                           |        |          |                 |                |          |                           |
| compromise<br>18.5 Amount rejected  |              |                 | \                  |             |        | -                           |        |          |                 |                |          |                           |
| 18.6 Total settlements  |              | `               |                    |             | 7      | 1 / /                       |        |          |                 |                |          |                           |
| 19. Unpaid Dec. 31, current   |              |                 |                    |             |        |                             | 7      |          |                 |                |          |                           |
| year (16+17-18.6)   |              |                 | 1                  |             |        | . of                        | ┪      |          |                 |                |          |                           |
| POLICY EXHIBIT 20. In force December 31, prior  |              |                 |                    |             | _      | Policies                    |        |          |                 |                |          |                           |
| year  |              |                 |                    | (a)         |        | ļ                           |        |          | <b></b>         |                |          |                           |
| 21. Issued during year<br>22. Other changes to in force   |              |                 |                    |             |        |                             |        |          | +               |                |          |                           |
| (Net)   |              |                 |                    |             |        |                             |        |          | <b></b>         |                |          |                           |
| 23. In force December 31 of current year  |              |                 |                    | (a)         |        |                             |        |          |                 |                |          |                           |
| (a) Includes Individual Credit Life I   |              |                 |                    | , C         |        |                             |        |          |                 |                | 1        | L.                        |
| Includes Group Credit Life Insu   |              |                 | •                  |             |        |                             |        |          |                 | rrent year \$  |          |                           |
| Loans greater than 60 months  | ai issue Bl  |                 |                    |             | •      | •                           |        |          | , CU            | rrent year \$  |          |                           |
|   |              | Δ               |                    | NT AND      | HEA    |                             | NSUF   |          | 2               | 1 4            |          | F                         |
|   |              |                 |                    | 1           |        | 2                           |        | Dividend | 3<br>ds Paid Or | 4              |          | 5                         |
|   |              |                 | Direct P           | remiums     | Dir    | ect Premiu<br>Earned        | ıms    |          | On Direct iness | Direct Losses  | Paid     | Direct Losses<br>Incurred |
| 24. Group Policies (b)  |              |                 | טוופטו ר           | omuillo     |        | Lameu                       |        | DuS      |                 | Pileot F09968  | ı alu    |                           |
| 24.1 Federal Employees Health   |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| premium (b)   |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 24.3 Collectively renewable pol   | icies (b)    |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 24.4 Medicare Title XVIII exemple Other Individual Policies:  | ot from stat | e taxes or fees |                    | 72,919,760  |        | 80,26                       | 37,984 |          | 0               | 64,0           | 37,752   | 58,530,253                |
| 25.1 Non-cancelable (b)   |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 25.2 Guaranteed renewable (b)   |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 25.3 Non-renewable for stated 25.4 Other accident only  |              |                 |                    |             |        |                             |        | <u> </u> |                 |                |          |                           |
| 25.5 All other (b)  |              |                 |                    |             |        |                             |        |          |                 |                |          |                           |
| 25.6 Totals (sum of Lines 25.1  | to 25.5)     |                 |                    | 0           |        |                             | 0      |          | 0               |                |          | 0                         |
| 26. Totals (Lines 24 + 24.1 + 2   | 24.2 + 24.3  | + 24.4 + 25.6)  | ,                  | 72,919,760  |        |                             | 7,984  |          | 0               |                | 37,752   | 58,530,253                |
| (b) For health business on indi-  |              |                 | of persons i       | nsured unde | er PPC | ) managed                   | care p | roducts  |                 | 0 and          | number o | t persons                 |

insured under indemnity only products



| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS  1. Life insurance 2. Annuity considerations 3. Deposit-type contract funds 4. Other considerations 5. Totals (Sum of Lines 1 to 4)  DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums  | al           | y Code 12575<br>5<br>Total |
|--|--------------|----------------------------|
| AND ANNUITY CONSIDERATIONS Ordinary and Individual) Group Industria  1. Life insurance 2. Annuity considerations 3. Deposit-type contract funds 4. Other considerations 5. Totals (Sum of Lines 1 to 4)  DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums   |              | Total                      |
| 1. Life insurance 2. Annuity considerations 3. Deposit-type contract funds 4. Other considerations 5. Totals (Sum of Lines 1 to 4)  DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums  |              |                            |
| 3. Deposit-type contract funds   |              |                            |
| 4. Other considerations 5. Totals (Sum of Lines 1 to 4)  DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums   |              |                            |
| 5. Totals (Sum of Lines 1 to 4)  DIRECT DIVIDENDS TO POLICYHOLDERS  Life insurance: 6.1 Paid in cash or left on deposit  |              |                            |
| Life insurance: 6.1 Paid in cash or left on deposit  |              |                            |
| 6.1 Paid in cash or left on deposit  |              |                            |
| 6.2 Applied to pay renewal premiums  |              |                            |
|  |              |                            |
| 6.3 Applied to provide paid-up additions or shorten  |              |                            |
| the endowment or premium-paying period   |              |                            |
| 6.5 Totals (sum of Line 6.1 to 6.4)  |              |                            |
| Annuities: `   |              |                            |
| 7.1 Paid in cash or left on deposit  |              |                            |
| 7.2 Applied to provide paid-up annuities   |              |                            |
| 7.4 Totals (sum of Lines 7.1 to 7.3)   |              |                            |
| 8. Grand Totals (Lines 6.5 plus 7.4)   |              |                            |
| DIRECT CLAIMS AND BENEFITS PAID  |              |                            |
| 9. Death benefits  |              |                            |
| 11. Annuity benefits   |              |                            |
| 12. Surrender values and withdrawals for life contracts  |              |                            |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid  |              |                            |
| 14. All other benefits, except accident and health   |              |                            |
| 15. Totals   |              |                            |
| DETAILS OF WRITE-INS   |              |                            |
| 1301.  |              |                            |
| 1303.  |              |                            |
| 1398. Summary of Line 13 from overflow page  |              |                            |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)  |              |                            |
|  |              |                            |
| Credit Life Ordinary (Group and Individual) Group Industrial   |              | Total                      |
| DIRECT DEATH 1 2 3 4 5 6 7 8   | 9            | 10                         |
| BENEFITS AND No. of Ind.Pols.  |              |                            |
| ENDOWMENTS & Gr. No. of  |              |                            |
| INCURRED No. Amount Certifs. Amount Certifs. Amount No. Amount   | No.          | Amount                     |
| 16. Unpaid December 31, prior year   |              |                            |
| 17. Incurred during current year   |              |                            |
| Settled during current year:   |              |                            |
| 18.1 By payment in full  |              |                            |
| compromised claims   |              |                            |
| 18.3 Totals paid   |              |                            |
| 18.4 Reduction by compromise   |              |                            |
| 18.5 Amount rejected   |              |                            |
| 18.6 Total settlements   |              |                            |
| 19. Unpaid Dec. 31, current year (16+17-18.6)  |              |                            |
| . of   |              |                            |
| POLICY EXHIBIT  20. In force December 31, prior  |              |                            |
| year(a)  |              |                            |
| 21. Issued during year   |              |                            |
| 22. Other changes to in force (Net)  |              |                            |
| 23. In force December 31 of  |              |                            |
| current year (a) Includes Individual Credit Life Insurance prior year \$, current year \$  |              |                            |
| in a company of the c |              |                            |
| Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$  |              |                            |
| ACCIDENT AND HEALTH INSURANCE  |              |                            |
| 1 2 3 4  |              | 5                          |
| Dividends Paid Or  |              | Diverse I access           |
| Direct Premiums Credited On Direct Direct Premiums Earned Business Direct Losse  | s Paid       | Direct Losses<br>Incurred  |
| 24. Group Policies (b)   |              |                            |
| 24.1 Federal Employees Health Benefits Plan  | [ ]          |                            |
| premium (b)  |              |                            |
| 24.3 Collectively renewable policies (b)   |              |                            |
| 24.4 Medicare Title XVIII exempt from state taxes or fees59,805,01862,705,6900047,   | 487,063      | 43,395,152                 |
| Other Individual Policies:   |              |                            |
| 25.1 Non-cancelable (b)  |              |                            |
| 25.3 Non-renewable for stated reasons only (b)   | ·            |                            |
| 25.4 Other accident only   |              |                            |
| 25.5 All other (b)   |              |                            |
| 25.6 Totals (sum of Lines 25.1 to 25.5)  | 0<br>487,063 | 43,395,152                 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 59,805,018 62,705,690 0 47,  (b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and 0 a |              |                            |

insured under indemnity only products



| I. Is in issuance  | DIRECT BUSINESS IN THE NAIC Group Code 4667                    | STATE C                                 | F West Virgin    | ia       | LI              | FE II    | NSURA       | ANCE         | <u> </u> |         |                |                  | YEAR 2017<br>y Code 12575 |
|--|--|---|------------------|----------|-----------------|----------|-------------|--------------|----------|---------|----------------|------------------|---------------------------|
| AND AMPRITY CORRECTIONS  Description  Descri   | ·  | DEMILIMS                                |                  |          |                 |          | 2           |              |          | 3       | 4              | Compan           |                           |
| 2. Annuty considerations 2. Unpossing control for 50 2. Disposition of the cent to 4) 2. Training four at Leves 1 to 4) 2. Training four at Leves 1 to 4) 2. Training four at Leves 1 to 4) 2. Training four at Leves 1 to 4) 2. Training four at Leves 1 to 40 2. Annute 1 to 40 2. Annut   | AND ANNUITY C  | ONSIDER                                 | ATIONS           | Ordi     | nary            |          |             |              | Gr       | oup     | Industria      | al               | Total                     |
| Solution    |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 4. Other consistentions.  Totals (Burn of the set) or left an despited.  4. Paid in each or left an despited.  4. Syptical by providing produced and providing produced.  5. Syptical by providing produced.  6. Other consistential providing produced.  6. Syptical by providing produced.  6. Syptical by providing produced.  6. Syptical by providing produced.  6. Syptical by providing produced.  7. Syptical by providing produced.  7. Syptical by providing produced.  7. Syptical by providing produced.  7. Syptical by providing produced.  8. Syptical by providing providing produced.  9. Syptical by providing providing produced.  9. Syptical by providing providing produced.  9. Syptical by providing providing produced.  9. System of the system of the system provide providing providin   | 1  |   |                  |          |                 |          | XXX         |              |          |         | XXX            |                  |                           |
| Direct Power for the Company of the  |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| Use insurance 6.1 Paul in cash or left on deposit 6.2 Applied to pay merival previous previous the previous previous the analysis of the company previous the analysis of the company previous the analysis of the company previous the analysis of the company previous the company previous the company previous the company previous the company previous the company previous the company previous the company previous the company previous the company previous the company previous the company previous the company previous the company previous the company previous the company previous and winderweals for life company previous the company previous the company previous the company previous the company previous and winderweals for life company previous the company previ   |  |   | VHOI DEDS        |          |                 |          |             |              |          |         |                |                  |                           |
| 6.2 Applied to provide produce produce produce (3.0 Applied to provide produce produce) and produce (4.0 Cm) (4   |  | TO FOLIO                                | IIIOLDEIIO       |          |                 |          |             |              |          |         |                |                  |                           |
| d. 3. Applied to provide palaty-auditions or shorted in the case of the case o   | 6.1 Paid in cash or left on                                    | deposit                                 |                  |          |                 |          |             |              |          |         |                |                  |                           |
| the feedborner or premium-paying period 6. 4 One- 6. 4 One- 6. 4 One- 7. 1 Ped in cash or left on deposal 7. 2 Aprilled to provide paid by a puriod 7. 1 Ped in cash or left on deposal 7. 2 Aprilled to provide paid by a puriod 7. 4 Food and Class S. 1 Description 8. Class S. 2 One- 8. Class S. 2 One- 9. Class S. 2 One- 9. Class S. 2 One- 1. Arrough beautiful seas of a place of the contracts 1. Arrough beautiful seas of the contracts 1. Arrough beautiful seas of the contracts 1. Arrough beautiful seas of the contracts 1. Class S. 2 One- 1. Arrough beautiful seas of the contracts 1. Class S. 2 One- 1. Arrough beautiful season of the contracts 1. Class S. 2 One- 1. Arrough beautiful season of the contracts 1. Class S. 2 One- 1. Arrough beautiful season of the contracts 1. Class S. 2 One- 1. Arrough beautiful season of the contracts 1. Class S. 2 One- 1. Arrough beautiful season of the contracts 1. Class S. 2 One- 1. Arrough beautiful season of the contracts 1. Class S. 2 One- 1. Total S. 2 One- 1. Total S. 2 One- 1. Total S. 2 One- 1. Total S. 2 One- 1. Total S. 2 One- 1. Total S. 3  |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 6.5 floats gum of Line 5 t 10 6-19 Annutice.  7.2 Applied to provise pack-up anutiles. 7.3 Chart. 7.4 floats (une of Lines 7 to 7.3) Covar Toste (Lines 6.5 plus 7.4) Description of Lines (Lines 1 to 7.5) Description of Lines (Lines 6.5 plus 7.4) Description of Lines (Lines 6.5 plus   | the endowment or pre   | mium-payi                               | ng period        |          |                 |          |             |              |          |         |                |                  |                           |
| Annualises 7.1 Pedia in castor left on disposit 7.2 Applicat to provide pilotypa annualises 7.3 Applicat to provide pilotypa annualises 7.4 Applicat to provide pilotypa annualises 7.5 Applicat to provide pilotypa annualises 7.6 Application of Lines 2.1 to 7.3 s) 9. Delito Calmis Annualises 9. Delito Calmis Annualises 9. Manualises and withdrawas for life contracts 1.5 Survender values and withdrawas for life contracts 1.6 Survender values and withdrawas for life contracts 1.7 Application is for miscellaness derived the contracts 1.8 Application is for miscellaness derived the contracts 1.9 Application is for miscellaness derived annualises 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and withdrawas for life contracts 1.0 Application is for miscellaness and life contracts 1.0 Application is for miscellaness and life contracts 1.0 Application is for miscellaness and life contracts 1.0 Application is for miscellaness and life contracts 1.0 Application is for miscellaness and life contracts 1.0 Application is for miscellaness and life contracts 1.0 Application is for miscellaness and life contracts 1.0 Application is for miscellaness and life contracts 1.0 Application is for miscellaness and life con   | 6.4 Other  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 7.1 Pick in cash or left on disposite 7.2 Applied to growthe galicy partiallies 7.3 Chief or Committee of the Partial Com   | `  | 1 to 6.4)                               |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 7.3 Other 7.4 Totals (June) 4 Lines 7.1 to 7.5) 8. Grand Totals (Lines 6.5) bet 7.4) 9. Death peach (ZAIRS) And BENEFITS PAID 10. Makured endowments 11. Surrender values and withdrawals for life contracts 12. Surrender values and withdrawals for life contracts 13. Apprender values and withdrawals for life contracts 14. All other benefits, except accord and health 15. Totals 16. Totals 17. Totals 18. Totals 19. Surrender values and withdrawals for life contracts 19. Totals 19. Surrender values and withdrawals for life contracts 19. Surrender values and withdrawals for life contracts 19. Values of the contracts o   |  | deposit                                 |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 7.4 Totals (sum of Lines 7, 1 to 7.3)   DRIECT CLAINS AND BENEFITS PAID   DRIECT CLAINS AND BENEFITS PAID   DRIECT SCHOOL AND BENEFITS PAID   DRIECT SCHOOL AND BENEFITS PAID   DRIECT SCHOOL AND BENEFITS PAID   DETAILS OF WRITE-INS   301, 302, 302, 303, 303, 303, 303, 303, 303   |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 8. Grand Totals (Lines 6.5 pbs 7.4) DRECT CAMPS AND ENERTTS PAID 9. Death browfile. 12. Surrevier values and windrawolds for life contracts. 13. All parts and benefits paid. 14. All parts browfiles except accident and health. 15. Totals 16. Urgans of the 15 point of the   |  |   |                  | <b>\</b> |                 |          |             |              |          |         |                |                  |                           |
| 9. Death benefits 11. Analy benefits 12. Surrendar values and vilindrawals for lite contracts 13. and benefits paid 14. All other benefits, except acident and health 15. Totals 16. Totals 17. Surrendar values and vilindrawals for lite contracts 18. and benefits paid 19. Totals 19. DETAILS OF WITHE-INS 19. DETAILS OF WITHE-INS 19. Surrendar values 19. DETAILS OF WITHE-INS 19. Surrendar values 19. Totals 19. DETAILS OF WITHE-INS 19. Surrendar values 19. Totals 19. DETAILS OF WITHE-INS 19. Totals clines 30st thru 1930 plus 1989 (Line 13 above) 19. DETAILS OF WITHE-INS 19. Totals clines 30st thru 1930 plus 1989 (Line 13 above) 19. DETAILS OF WITHE-INS 19. Totals clines 30st thru 1930 plus 1989 (Line 13 above) 19. DETAILS OF WITHE-INS 19. Totals clines 30st thru 1930 plus 1989 (Line 13 above) 19. DETAILS OF WITHE-INS 19. Totals clines 30st thru 1930 plus 1989 (Line 13 above) 19. DETAIL CONTROL (Group and Individual) 19. DETAILS OF WITHE-INS 19. Or Individual of Crowd Line 19. With a surrendar value of the Individual of Crowd Line 19. With a surrendar value of the Individual of Crowd Line 19. Unpaid Descender 31, prior 19. Unpaid Charactery values 19. Unpaid Chara   | ,  | ,                                       |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 10. Matured endowments 12. Surrender values and withdrawasts for life contracts 12. Surrender values and withdrawasts for life contracts 13. Aggregate wither as for miscellaries calculated and the state of the contracts 14. All other benefits, except accident and health 15. Totals 15. Totals 16. Totals OF WRITE-INS 16. Totals 17. Totals 18. Summary of Line 13 from overflow page 18. Summary of Line 13 from overflow page 18. Summary of Line 13 from overflow page 18. Summary of Line 13 from overflow page 18. Summary of Line 13 from overflow page 18. Summary of Line 13 from overflow page 18. DIRECT PEATH 1 2 1 3 4 4 5 6 7 8 9 9 10 10. BRATTER AND THE PEATH 1 2 1 3 4 4 5 6 7 8 9 9 10 10. BRATTER AND THE PEATH 1 2 1 3 4 4 5 6 7 8 9 9 10 10. BRATTER AND THE PEATH 1 2 1 3 4 4 5 6 7 8 9 9 10 10. Linear overflow page 10. Linear overflow page 10. Linear overflow page 10. Linear overflow page 10. Linear overflow page 10. Linear overflow page 10. Linear overflow page 10. Summary   |  |   |                  | 71       |                 |          |             |              |          |         |                |                  |                           |
| 11. Annually benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write ins for miscollaneous direct claims and benefits paid and benefits paid 30. The state of the state of  |  |   |                  |          |                 | <b>J</b> |             | <b>\</b>     |          |         |                |                  |                           |
| 13. Aggregate with-six for miscellaneous direct claims and benefits paid  14. All ofter brenifits, except accident and health  15. Total  16. Unpact December 31, prior years  16. Unpact December 31, prior years  16. Unpact December 31, prior years  16. Total seltlements  16. Total   |  |   | ľ                |          |                 |          | <del></del> |              |          |         |                |                  |                           |
| and therefits paid  15. Totals  DETAILS OF WRITE-INS  DETAILS OF W   | 12. Surrender values and with                                  | ıdrawals foı                            | r life contracts |          |                 |          |             |              |          |         |                |                  |                           |
| 14. All other benefits, except accident and health 15. Totals  DETAILS OF WRITE-INS 1901. 1902. 1908. Summary of Line 13 from overfew page   | 00 0   |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| DETAILS OF WRITE-INS  1302.  1302.  1303.  1308. Summary of Line 13 from overflow page 1309. Totals (Line 1301 thru 1303 plus 1399) (Line 13  1  | 14. All other benefits, except a                               |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 1301   1302   1308   1308   1309   1208   1309   1208   1309   1208   1309   1208   1309   1208   1309   1208   1309   1208   1309   1208   1309   1208   1309   1208   1309   1208   1309   1308   1309   1208   1309  |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 1902   1908   1908   1909  |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 1939. Summary of Line 13 from overflow page   1939. Summary of Line 13 from overflow page   1939. Totals (Lines 1301 thru 1930 plus 1938) (Line 13 above)   1939. Totals (Lines 1301 thru 1930 plus 1938) (Line 13 above)   1939. Totals (Lines 1301 thru 1930 plus 1938) (Line 13 above)   1939. Totals (Lines 1301 thru 1930 plus 1938) (Line 13 above)   1939. Totals (Lines 1301 thru 1930 plus 1938) (Line 13 above)   1939. Totals (Lines 1301 thru 1930 plus 1938) (Line 13 above)   1939. Totals (Lines 1301 plus 1930 plus 1938) (Line 13)   1939. Totals paid (Lines 1301 plus 1930 plus 1939. Totals paid (Lines 1301 plus 1930 plus  |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 1399   Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)   | 1303   |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS NO. Of Ind. Polts. AG. S. Gr. Unpad December 31, prior 11. Upad December 31, prior 15. Upad December 31, prior 16. Upad December 31, prior 17. Incurred during current year: Settled during current year: 18.18 Payment in full. 18.2 By payment in prior 18.3 Totals paid 18.4 Reduction by 2.5 Set defaulty year 2. Other changes to in force (Net) 2.1 In force December 31, prior 19. Unpad Dec. 31, current 19. Unpad Dec. 31   | 1  |   | •                |          |                 |          |             |              |          |         |                |                  |                           |
| DIRECT DEATH   BENEFITS AND   MATURED   No. of   |  | oo piao 10                              | oo) (Emo 10      |          |                 |          |             |              |          |         |                |                  |                           |
| DIRECT DEATH   1   |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| BENETIS AND MATURED ENDOWMENTS  16. UnpudIPED  No. Amount  Certifs. Amount  Certifs. Amount  Certifs. Amount  No.  | DIRECT DEATH   |   |                  |          |                 | ual)     | 5           | Group        |          |         |                | q                |                           |
| ENDOWNENTS   No.   Amount   No.  | BENEFITS AND   |   | _                | No. of   | ·               |          |             |              | Ü        | ,       | Ü              |                  | 10                        |
| Includes Individual Credit Life Insurance prior year   Store Company   Store   |  |   |                  |          |                 |          | No. of      |              |          |         |                |                  |                           |
| year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during year Settled settlements Settl   | INCURRED   | No.                                     | Amount           |          | Amour           | nt       |             | Α            | mount    | No.     | Amount         | No.              | Amount                    |
| 17. Incurred during current year   |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 18.1 By payment in full 18.2 By payment on   | 17. Incurred during current year                               |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromised claims 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (1c+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Subset during year 22. Subset during year 23. In force December 31 of current years (notuces Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 24. Carbor Changes to in force 25. In force December 31 of current years (a) 26. Carbor Changes to in force 27. In force December 31 of current years (a) 28. In force December 31 of current years (a) 29. Current years (a) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 21. Current years (current years) 22. Current years (current years) 23. In force December 31 of current years (current years) 24. Carbor Composition (current years) 25. Current years (current years) 26. Carbor Composition (current years) 27. Current years (current years) 28. Current years (current years) 29. Current years (current years) 29. Current years (current years) 29. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 20. Current years (current years) 21. Current years (current years) 22. Current years (current years) 23. Direct Premiums 24. Carbor years (current years) 25. Current years (current years) 25. Current years (current years) 26. Totals (validation years) 27. Current years (current years) 28. Current years (current years) 29. Current years (current ye  | ,  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 24. Includes Individual Credit Life Insurance prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year  ACCIDENT AND HEALTH INSURANCE  1 2 3 Dividends Paid Or Credited On Direct Business  ACCIDENT AND HEALTH INSURANCE  24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Tille XVIII exempt from state taxes or fees 32,998,204 35,334,986 0 29,130,877 26,606,921 Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Quaranteed renewable for stated reasons only (b) 25.3 Non-renewable for stated reasons only (b) 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 0 0 0 0 0 0 0  | , , ,  | *                                       |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid bec. 31, current year (16+17-18.6) 19. Unpaid bec. 31, current year (16+17-1   | compromised claims   |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| compromise 18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid Dec. 31. current year (16-17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 32. In force December 31 of current year 31, includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Frior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Gredit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Life Insurance Prior year \$ Includes Group Credit Joseph State Prior year \$ Includes Group Credit Joseph State Prior year \$ Includes Group Gredit Joseph State Joseph   | •  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 31. In force December 31 of current year 31 includes Individual Credit Life Insurance prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  ACCIDENT AND HEALTH INSURANCE  1 2 3   | compromise   |   |                  |          |                 | <b>\</b> | _           |              |          |         |                |                  |                           |
| 19. Unpaid Dec. 31, current   year (16+17-18.6)  | 1  | <del></del>                             |                  | <b>\</b> |                 |          |             |              |          | <u></u> |                |                  |                           |
| POLICY EXHIBIT   20. In force December 31, prior year   21. Issued during year   22. Other changes to in force (Net)   23. In force December 31 of current year   24. In force December 31 of current year   25. Other changes to in force (Net)   26. In force December 31 of current year   26. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year   27. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year   28. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year   28. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year   28. Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year   29. Includes Group Group Year   29. Includes Group Group Year   29. Includes Group Group Year   29. Includes Group Group Year   29. Includes Paid Or Credited On Direct Business   | 19. Unpaid Dec. 31, current                                    | *************************************** |                  |          |                 |          |             | 7            |          |         |                |                  |                           |
| 20. In force December 31, prior   year   21. Issued during year   22. Other changes to in force (Net)   23. In force December 31 of current year   3   1   2   3   3   4   5   5   5   5   5   5   5   5   5   | year (16+17-18.6)  |   |                  | +13      |                 |          | of          |              |          |         |                |                  |                           |
| Year    |  |   |                  |          |                 |          | Policies    |              |          |         |                |                  |                           |
| 21.   Issued during year   22. Other changes to in force (Net)   23. In force December 31 of current year \$   (a)   | 7.1  |   |                  |          | (a)             |          |             |              |          |         |                |                  |                           |
| (a)    | 21. Issued during year   |   |                  |          |                 |          | Ī           |              |          | I       |                |                  |                           |
| 23. In force December 31 of current year   (a)   | 22. Other changes to in force                                  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| a) Includes Individual Credit Life Insurance prior year \$   | 23. In force December 31 of                                    | 1                                       |                  |          |                 |          |             |              |          | 1       |                |                  |                           |
| Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current yea |  | neurance n                              | vrior vear \$    |          |                 | urrent   | vear \$     |              |          |         |                |                  |                           |
| 1   2   3   4   5   5  |  |   |                  |          |                 |          |             |              |          |         | ırrent year \$ |                  |                           |
| 1  | Loans greater than 60 months                                   | at issue Bl                             | JT NOT GREATE    | R THAN 1 | 20 MONTHS       | 6, prior | year \$     |              |          | , Cl    | ırrent year \$ |                  |                           |
| Direct Premiums   Direct Premiums   Direct Premiums   Direct Premiums   Direct Losses Paid   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Dire   |  |   | A                | CCIDE    | NT AND          | HEA      | LTH I       | NSUF         | RANCE    |         |                |                  |                           |
| Direct Premiums   Direct Premiums   Earned   Direct Losses Paid   Direct Premiums   Direct Premiums   Direct Losses Paid   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses   Direct Losses  |  |   |                  |          | 1               |          | 2           |              |          | -       | 4              |                  | 5                         |
| 24. Group Policies (b)       24.1 Federal Employees Health Benefits Plan premium (b)         24.2 Credit (Group and Individual)       24.2 Collectively renewable policies (b)         24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:       32,998,204       35,334,986       0       29,130,877       26,606,921         25.1 Non-cancelable (b)       25.2 Guaranteed renewable (b)       25.3 Non-renewable for stated reasons only (b)       25.4 Other accident only       25.4 Other accident only       25.5 All other (b)       25.5 All other (b)       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>Dire</td> <td></td> <td>ums</td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |   |                  |          |                 | Dire     |             | ums          |          |         |                |                  |                           |
| 24.1 Federal Employees Health Benefits Plan premium (b)  | 24 Group Policies (h)  |   |                  | Direct P | remiums         |          | Earned      |              | Bus      | iness   | Direct Losses  | s Paid           | Incurred                  |
| premium (b)  | 24.1 Federal Employees Health                                  | n Benefits F                            | Plan             |          |                 |          |             |              |          |         | - }            |                  |                           |
| 24.3 Collectively renewable policies (b)       24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:       32,998,204       35,334,986       0       29,130,877       26,606,921         25.1 Non-cancelable (b)       25.2 Guaranteed renewable (b)       25.3 Non-renewable for stated reasons only (b)       25.4 Other accident only       25.4 Other accident only         25.5 All other (b)       25.6 Totals (sum of Lines 25.1 to 25.5)       0       0       0       0       0       0  | premium (b)  |   |                  |          |                 |          |             |              | ļ        |         | .              |                  |                           |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:       32,998,204       35,334,986       0       29,130,877       26,606,921         25.1 Non-cancelable (b)       25.2 Guaranteed renewable (b)       25.3 Non-renewable for stated reasons only (b)       25.4 Other accident only       25.5 All other (b)       25.5 All other (b)       25.6 Totals (sum of Lines 25.1 to 25.5)       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>l</td> <td></td> <td>.  </td> <td></td> <td></td>   |  |   |                  |          |                 |          |             |              | l        |         | .              |                  |                           |
| Other Individual Policies:  25.1 Non-cancelable (b)  |  |   |                  |          |                 |          | 35,33       | 34,986       |          | 0       | 29,            | 130,877          | 26,606,921                |
| 25.2 Guaranteed renewable (b)  |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 25.3 Non-renewable for stated reasons only (b)   | * *  |   | i i              |          |                 |          |             |              |          |         |                |                  |                           |
| 25.4 Other accident only   |  |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 25.6 Totals (sum of Lines 25.1 to 25.5)  | 25.4 Other accident only                                       |   |                  |          |                 |          |             |              |          |         |                |                  |                           |
| 25.0 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6) 32 008 204 25 224 006 0 1 20 120 077 0 100 004   | 25.5 All other (b)   | to 05 5\                                |                  |          |                 |          |             |              |          |         |                |                  |                           |
|  | 25.6 Totals (sum of Lines 25.1 26. Totals (Lines 24 + 24.1 + 2 | ιυ ∠5.5)<br>24.2 + 24.3                 | S + 24.4 + 25.6) |          | 0<br>32,998,204 |          | 35 33       | 0<br>34 .986 | l        |         | 20             | U  <br>130 . 877 | 0<br>26,606,921           |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons  |  |   |                  |          | , ,             | r PPO    |             |              | roducts  |         |                |                  |                           |

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insured under indemnity only products



| DIRECT BUSINESS IN THE<br>NAIC Group Code 4667   | STATE C     | F Wisconsin      |                    | LI                           | FE II | NSUR                       | ANCE     | E            |            |                                |              | YEAR 2017<br>y Code 12575 |
|--|-------------|------------------|--------------------|------------------------------|-------|----------------------------|----------|--------------|------------|--------------------------------|--------------|---------------------------|
| ·  | PREMIUMS    | •                |                    | 1                            |       | 2                          |          |              | 3          | 4                              | Оотпрат      | 5                         |
| AND ANNUITY  |             |                  | Ordi               | inary                        |       | dit Life (G<br>nd Individu |          | Gı           | roup       | Industria                      | al           | Total                     |
| Life insurance   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| Annuity considerations     Deposit-type contract fun                                     |             |                  |                    |                              |       | XXX                        |          |              |            | XXX                            |              |                           |
| Other considerations   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| <ol><li>Totals (Sum of Lines 1 to</li></ol>  | 4)          |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| DIRECT DIVIDENDS Life insurance:   | TO POLIC    | YHOLDERS         |                    |                              |       |                            |          |              |            |                                |              |                           |
| 6.1 Paid in cash or left or  | deposit     |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 6.2 Applied to pay renew   | al premiums | 3                |                    |                              |       |                            |          |              |            |                                |              |                           |
| 6.3 Applied to provide pa<br>the endowment or pr   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 6.4 Other  | emum-payı   | ng penod         |                    |                              |       |                            |          |              |            |                                |              |                           |
| 6.5 Totals (sum of Line 6  |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| Annuities: 7.1 Paid in cash or left or   | donocit     |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 7.1 Applied to provide pa  | •           |                  |                    |                              |       |                            |          | İ            |            |                                |              |                           |
| 7.3 Other  |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 7.4 Totals (sum of Lines   | ,           |                  |                    |                              | 1     |                            |          |              |            |                                |              |                           |
| 8. Grand Totals (Lines 6.5 p   |             | FITS PAID        |                    |                              | ₽     | -8-7                       |          |              |            |                                |              |                           |
| 9. Death benefits  |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 10. Matured endowments   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 11. Annuity benefits      12. Surrender values and wit                                   |             |                  |                    |                              |       |                            |          | ł            |            | <b>+</b>                       |              |                           |
| 13. Aggregate write-ins for m  |             |                  | L                  |                              |       |                            |          | <b> </b>     |            | †                              |              |                           |
| and benefits paid  |             |                  |                    |                              |       |                            |          | <del> </del> |            | +                              |              |                           |
| <ul><li>14. All other benefits, except</li><li>15. Totals</li></ul>                      | accident an | и пеапп          |                    |                              |       |                            |          | <u> </u>     |            | †                              |              |                           |
| DETAILS OF WRITE-INS   | 3           |                  |                    |                              |       |                            |          | <u> </u>     |            | 1                              |              |                           |
| 1301.  |             |                  |                    |                              |       |                            |          |              |            | -                              |              |                           |
| 1302.  |             |                  |                    |                              |       |                            |          |              |            | +                              |              |                           |
| 1303<br>1398. Summary of Line 13 from  | overflow pa |                  |                    |                              |       |                            |          | İ            |            | 1                              | <del>-</del> |                           |
| 1399. Totals (Lines 1301 thru 1  | 303 plus 13 |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| above)   |             |                  |                    |                              |       |                            |          | <u> </u>     |            |                                |              |                           |
|  |             | Ordinary         |                    | Credit Life<br>o and Individ | ual)  |                            | Group    | n            | li li      | ndustrial                      |              | Total                     |
| DIRECT DEATH   | 1           | 2                | 3                  | 4                            | uaij  | 5                          | Group    | 6<br>6       | 7          | 8                              | 9            | 10                        |
| BENEFITS AND<br>MATURED  |             |                  | No. of             |                              |       |                            |          |              |            |                                |              |                           |
| ENDOWMENTS   |             |                  | Ind.Pols.<br>& Gr. |                              |       | No. of                     |          |              |            |                                |              |                           |
| INCURRED   | No.         | Amount           | Certifs.           | Amour                        | nt    | Certifs.                   | A        | mount        | No.        | Amount                         | No.          | Amount                    |
| 16. Unpaid December 31, prior year   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 17. Incurred during current year   | ·           |                  |                    |                              |       |                            | ļ        |              |            |                                |              |                           |
| Settled during current year:<br>18.1 By payment in full                                  |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 18.2 By payment on   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| compromised claims<br>18.3 Totals paid   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 18.4 Reduction by  |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| compromise   |             |                  | <b>\</b>           |                              |       |                            |          |              |            |                                |              |                           |
| 18.5 Amount rejected<br>18.6 Total settlements   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 19. Unpaid Dec. 31, current  |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| year (16+17-18.6)  |             |                  |                    |                              |       | of                         |          |              |            |                                |              |                           |
| POLICY EXHIBIT   |             |                  |                    |                              |       | Policies                   | _        |              |            |                                |              |                           |
| 20. In force December 31, prior  |             |                  |                    | (-)                          |       |                            |          |              |            |                                |              |                           |
| year21. Issued during year   |             |                  |                    | (a)                          |       | İ                          | <u> </u> |              |            |                                |              |                           |
| 22. Other changes to in force  |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| (Net)  |             |                  |                    |                              |       | t                          | <u> </u> |              | +          |                                |              |                           |
| current year   |             |                  |                    | (a)                          |       |                            | <u> </u> |              |            |                                |              |                           |
| <ul><li>(a) Includes Individual Credit Life<br/>Includes Group Credit Life Ins</li></ul> |             |                  |                    | , C                          |       |                            |          |              |            | rront voor ¢                   |              |                           |
| Loans greater than 60 months   |             |                  |                    |                              |       |                            |          |              |            | rrent year \$<br>rrent year \$ |              |                           |
| <u> </u>   |             |                  |                    |                              |       | •                          |          |              | , 22       |                                |              |                           |
|  |             | <i>F</i>         |                    | NT AND                       | пер   | <u> 2</u>                  | 1301     |              | 3          | 4                              | 1            | 5                         |
|  |             |                  |                    | •                            |       | _                          |          | Dividend     | ds Paid Or |                                |              | -                         |
|  |             |                  | Direct P           | remiums                      | Dire  | ect Premit<br>Earned       | ums      |              | On Direct  | Direct Losse                   | s Paid       | Direct Losses<br>Incurred |
| 24. Group Policies (b)   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 24.1 Federal Employees Heal premium (b)  |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 24.2 Credit (Group and Individ   | lual)       |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 24.3 Collectively renewable po   | olicies (b) |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 24.4 Medicare Title XVIII exen   | •           | te taxes or fees |                    | 62,922,079                   |       | 65,9                       | 17,322   |              | 0          | 53,                            | 616,573      | 48,993,559                |
| Other Individual Policies: 25.1 Non-cancelable (b)                                       |             |                  |                    |                              |       |                            | ļ        |              |            |                                |              |                           |
| 25.2 Guaranteed renewable (b)  |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
|  | reasons on  |                  |                    |                              |       |                            |          | ļ            |            | .                              |              |                           |
| 25.3 Non-renewable for stated  |             |                  |                    |                              |       |                            |          | 1            |            |                                |              |                           |
| 25.4 Other accident only   |             |                  |                    |                              |       |                            |          |              |            |                                |              |                           |
| 25.4 Other accident only<br>25.5 All other (b)   |             |                  |                    |                              |       |                            |          |              |            |                                |              | n                         |
| 25.4 Other accident only   | I to 25.5)  |                  |                    |                              |       |                            |          |              | 0          |                                |              | 0<br>48,993,559           |

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insured under indemnity only products



| DIRECT BUSINESS IN THE NAIC Group Code 4667   | STATE OF       | Wyoming  |                   | LI          | FE II     | NSUR!              | ANCE      | E        |                 |                                  |             | YEAR 2017<br>y Code 12575 |
|---|----------------|--|-------------------|-------------|-----------|--------------------|-----------|----------|-----------------|----------------------------------|-------------|---------------------------|
| DIRECT F  | PREMIUMS       |  | 1                 |             | Crec      | 2<br>dit Life (Gr  | roup      |          | 3               | 4                                |             | 5                         |
| AND ANNUITY C   | ONSIDERA       |  | Ordi              |             | and       | <u>d Individu</u>  | al)       | Gr       | oup             | Industr                          |             | Total                     |
| Life insurance     Annuity considerations   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| <ol><li>Deposit-type contract fund</li></ol>  | ds             |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 4. Other considerations   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| <ol> <li>Totals (Sum of Lines 1 to 4</li> <li>DIRECT DIVIDENDS</li> </ol>                 | ,              | HOI DERS   |                   |             |           |                    |           |          |                 |                                  |             |                           |
| Life insurance:   | TOTOLICI       | HOLDENS  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 6.1 Paid in cash or left on   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 6.2 Applied to pay renewal  |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| <ol> <li>6.3 Applied to provide paid<br/>the endowment or pre</li> </ol>                  |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 6.4 Other   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 6.5 Totals (sum of Line 6.1   | 1 to 6.4)      |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| Annuities: 7.1 Paid in cash or left on  | deposit        |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 7.2 Applied to provide paid   | d-up annuitie  | s  |                   |             |           | <u></u>            | <u></u>   |          |                 |                                  |             |                           |
| 7.3 Other   |                |  | <b>\</b>          |             |           |                    |           |          |                 |                                  |             |                           |
| 7.4 Totals (sum of Lines 7.8. Grand Totals (Lines 6.5 pl                                  | ,              |  | <b>\</b>          |             | <b>——</b> | - 1                |           |          |                 |                                  |             |                           |
| DIRECT CLAIMS A   |                | TS PAID  | <b>₹</b>          |             |           | ₽7                 | $\forall$ |          |                 | +                                |             |                           |
| 9. Death benefits   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 10. Matured endowments  |                | The state of the s |                   |             |           |                    |           |          |                 |                                  |             |                           |
| <ul><li>11. Annuity benefits</li><li>12. Surrender values and with</li></ul>              |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| <ol> <li>Surrender values and with</li> <li>Aggregate write-ins for mis</li> </ol>        |                | i i  |                   |             |           |                    |           | <b></b>  |                 | -†                               |             |                           |
| and benefits paid   |                |  |                   |             |           |                    |           | <u> </u> |                 |                                  |             |                           |
| <ol> <li>All other benefits, except a</li> <li>Totals</li> </ol>                          | accident and   | neaith   |                   |             |           |                    |           |          |                 |                                  |             |                           |
| DETAILS OF WRITE-INS  | i              |  |                   |             |           |                    |           |          |                 |                                  | +           |                           |
| 1301.   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 1302.   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 1303<br>1398. Summary of Line 13 from (   | overflow pag   |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 1399. Totals (Lines 1301 thru 13  |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| above)  |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
|   | _              |  |                   | Credit Life |           |                    | _         |          |                 |                                  |             |                           |
| DIRECT DEATH  | 1              | rdinary<br>2   | (Group            | and Individ | ual)      | 5                  | Group     | 6        | 7 I             | ndustrial<br>8                   | 9           | Total 10                  |
| BENEFITS AND  | '              | 2  | No. of            | 4           |           | 3                  |           | O        | ,               | 0                                | 9           | 10                        |
| MATURED<br>ENDOWMENTS   |                |  | Ind.Pols.         |             |           | NIf                |           |          |                 |                                  |             |                           |
| INCURRED  | No.            | Amount   | & Gr.<br>Certifs. | Amour       | nt        | No. of<br>Certifs. | A         | mount    | No.             | Amount                           | No.         | Amount                    |
| 16. Unpaid December 31, prior   |                |  |                   |             | _         |                    |           |          |                 |                                  |             |                           |
| year<br>17. Incurred during current year  | <del></del>    |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| Settled during current year:  |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 18.1 By payment in full   | ·              |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 18.2 By payment on compromised claims   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 18.3 Totals paid  |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 18.4 Reduction by   |                | _  |                   |             |           | _                  | _         |          |                 |                                  |             |                           |
| compromise<br>18.5 Amount rejected  |                |  | <b>\</b>          |             |           |                    |           |          |                 |                                  |             |                           |
| 18.6 Total settlements  |                |  |                   |             |           | 7 /                |           |          |                 |                                  |             |                           |
| 19. Unpaid Dec. 31, current   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| year (16+17-18.6)   |                |  |                   |             |           | of                 |           |          |                 |                                  |             |                           |
| POLICY EXHIBIT  |                | _  |                   |             |           | Policies           | _         |          |                 |                                  |             |                           |
| 20. In force December 31, prior   |                |  |                   | (a)         |           |                    |           |          |                 |                                  |             |                           |
| year21. Issued during year  |                |  |                   | (u)         |           |                    |           |          |                 |                                  |             |                           |
| 22. Other changes to in force   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| (Net)   | <del> </del>   |  |                   |             |           |                    |           |          | t               |                                  |             |                           |
| current year  |                |  |                   | (a)         |           |                    |           |          |                 |                                  |             |                           |
| (a) Includes Individual Credit Life I   |                |  |                   | , C         |           |                    |           |          |                 |                                  |             |                           |
| Includes Group Credit Life Insu<br>Loans greater than 60 months                           |                |  |                   |             |           |                    |           |          |                 | ırrent year \$<br>ırrent year \$ |             |                           |
| Loane groater than or mentile   | u. 10000 20    |  |                   |             |           | •                  |           |          | , 00            |                                  |             |                           |
|   |                | Α  | CCIDE             | NT AND      | пЕА       | <u>LIHIN</u><br>2  | 15UF      |          | 3               | 4                                | <u> </u>    | 5                         |
|   |                |  | '                 |             |           | 2                  |           |          | ડ<br>Is Paid Or | 4                                |             | 5                         |
|   |                |  | Discret D         |             | Dire      | ect Premiu         | ums       |          | On Direct       | Discottone                       | D-:-I       | Direct Losses             |
| 24. Group Policies (b)  |                |  | Direct Pr         | emums       |           | Earned             |           | Bus      | iness           | Direct Losse                     | es raio     | Incurred                  |
| 24.1 Federal Employees Health   | n Benefits Pla | an   |                   |             |           |                    |           |          |                 |                                  |             |                           |
| premium (b)   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| <ul><li>24.2 Credit (Group and Individu</li><li>24.3 Collectively renewable pol</li></ul> | *              |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 24.4 Medicare Title XVIII exemp   |                |  |                   |             |           | 7, 12              |           |          | 0               |                                  |             | 5,734,7                   |
| Other Individual Policies:  |                |  | · <del></del>     | , ,         |           | ,                  | ,         |          |                 |                                  | ,           |                           |
| 25.1 Non-cancelable (b)   |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| <ul><li>25.2 Guaranteed renewable (b)</li><li>25.3 Non-renewable for stated</li></ul>     |                |  |                   |             |           |                    |           |          |                 | -                                |             |                           |
| 25.4 Other accident only  |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 25.5 All other (b)  |                |  |                   |             |           |                    |           |          |                 |                                  |             |                           |
| 25.6 Totals (sum of Lines 25.1  | to 25.5)       |  |                   | 0           |           |                    |           |          | 0               |                                  |             |                           |
| 26. Totals (Lines 24 + 24.1 + 2<br>(b) For health business on indic                       |                |  |                   | 6,964,282   |           |                    | 0,591     |          | 0               |                                  | 274,351     | 5,734,7                   |
| (p) For nealth business on indic  | cated lines re | eport: Number (  | or persons i      | nsured unde | r PPO     | managed            | care p    | roaucts  |                 | U ar                             | ıa number c | or persons                |

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insured under indemnity only products



| Other Individual Policies: 25.1 Non-cancelable (b)   | DIRECT BUSINESS IN THE INITIAL AND AMERICAN | STATE OF Guam          | l                |                | NAIC Comp |       | HE YEAR 2017<br>Dany Code 12575 |               |          |               |
|--|---|------------------------|------------------|----------------|-----------|-------|---------------------------------|---------------|----------|---------------|
| 1. Lief incurrence 2. Annually considerations 3. Description of the first of the second control of the second                  |   |                        |                  |                |           |       |                                 |               |          | -             |
| 2. Annuly considerations   |   |                        | 1                | and Individu   | ual)      | Gro   | oup                             | Industria     | l        | I otal        |
| 4. Other correlationations. Trade Start in time to 5)  DIRECT DIVIDENDS TO POLICYHOLDERS  1. Paid in case of left on depose  6.2 Applied to pay renewal permitting. 6.3 Applied to pay renewal permitting. 6.4 Other   | 2. Annuity considerations   |                        |                  |                |           |       |                                 |               |          |               |
| 5. Totals (Sum of Lines 1 to 4)  DIRECT DEATH  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  DIRECT DEATH  A Green benefits, scorpt acident and health  15. Totals  DIRECT DEATH  DIRECT DEATH  A Green benefits of the total benefits and health  15. Totals  DIRECT DEATH  DIRECT DEATH  A Green benefits of the total benefits and health  15. Totals  DIRECT DEATH                   |   |                        |                  |                |           |       |                                 | XXX           |          |               |
| DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance 6.1 Page in cash or wift on depart and 6.2 Applied to pay yet any and any and any and any and any and any any any any any any any any any any   |   |                        |                  |                |           |       |                                 |               |          |               |
| 6. 1 Parkin cash or left on deposit 6. 2 Papiled to your review primition 6. 3 Appiled to provide packup additions or shorten 6. 3 Appiled to provide packup additions or shorten 6. 4 Citizen 6. 5 Totals (sum of Line 6.1 to 6.4) Annufaces 7. 1 Parkin from the left on deposit 7. 1 Parkin from the left on deposit 7. 1 Parkin from the left on deposit 7. 3 Citizen 7. 4 Totals (sum of Line 7.1 to 7.3) DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLAIMS SHOW FOR EMPETTS PAID 9. DIRECT CLAIMS AND EMPETTS PAID 9. DIRECT CLA                 |   | /                      |                  |                |           |       |                                 |               |          |               |
| 6.2 Applied to pay enemals premiums 6.3 Applied to provide pack up addition or shorten 6.3 Applied to provide pack up addition or shorten 6.4 Discontinuary or the pack of the                 |   |                        |                  |                |           |       |                                 |               |          |               |
| 6.3 Agellect to provide pad-up additions or shorten by the company period of the encountered to premium synapsing period of the part of the company of the c                 |   |                        |                  |                |           |       |                                 |               |          |               |
| the endowment or premium paying period . 8.4 Officer   |   |                        |                  |                |           |       |                                 |               |          |               |
| 6.5 Totals (sum of Line 6.1 to 6.4) Annualises: 7.1 Ped in cash o left on deposet 7.2 Agoliet to provide paid up annualises 7.3 Ped in cash o left on deposet 8.6 Grand Totals (sum of Line 7.1 to 7.5) 9 DIRECT CLAIMS AND BENEFITS PAID 9 DIRECT CLAIMS AND BENEFITS PAID 10. Maturula endorments 10. Adjurula endorments 11. Adjurula endorments 12. Agrippatie wine into turn accellateous drient claims and benefits paid 12. Subject in an accellateous drient claims and benefits paid 13. Totals (sum of Line 7.1 to 7.5) 13. Totals 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 13. Summary of Line 13 from overflow page 14. All other benefits, scope and Individual of Line 13 from overflow page 15. No. of Individual Overflow Line 13 from overflow page 16. Unpage December 31, prior 16. Unpage December 31, prior 17. Line 14 from overflow page 18. 15 programs in full 18. 15 programs in full 18. 15 Amount specified 18. 6 facts settlements 19. Line 14 from overflow page 19. Line 14 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page 19. Line 15 from overflow page                  | the endowment or pre  | mium-paying period     |                  |                |           |       |                                 |               |          |               |
| Annulisis:  2.1 Paid in cash or left on deposit  2.2 Applied to provide paid-up annulise:  2.7 A Totals (paid of Lines 5.5 ) sub. 7.4  DIRECT CALINS AND BENEFITS PAID  9. Death benefits  9. Death benefits  1. Annuly benefits  4. All other benefits except accident and health  1. Annuly benefits  4. All other benefits, except accident and health  1. Annuly benefits  4. All other benefits, except accident and health  1. Annuly benefits  1. Annuly benefits  1. Annuly benefits  1. Annuly benefits  1. All other benefits, except accident and health  1. Annuly benefits  1. Annuly benefits  1. All other benefits, except accident and health  1. All other benefits, except accident and health  1. All other benefits, except accident and health  1. State of the state of the section of the control of the state of the section of the state of the section of the state of the section of the state of the section of the state of the section of                 |   |                        |                  |                |           |       |                                 |               |          |               |
| 7.1 Pack in each or left on deposit 7.2 Applied to provise pack-up and the pro                 | *   | 1 to 6.4)              |                  |                |           |       |                                 |               |          |               |
| 7.2 Applied to provide pair-up amunitios 7.3 Other 7.4 Totals (sum of Lines 7, 1 to 7.5) 8. Grand Totals (Lines 65 plas 7, 1 to 7.5) 9. Expose the contracts of                 |   | deposit                |                  |                |           |       |                                 |               |          |               |
| 7.4 Totals (sum of Lines 7.1 to 7.3) DIRECT CLAIMS AND BENEFITS PAID  DIRECT CLAIMS AND BENEFITS PAID  1. Malared endowments 1. Malared endowments 1. Malared endowments 1. Malared endowments 1. Algorithm of the contracts 1. Aggregate write ins for miscellaneous direct claims 2. Aggrega                 |   |                        |                  |                | <u></u>   |       | <u> </u>                        |               |          |               |
| 8. Gard Totals (Lines 6.5 pts. 7.4)  9. Delis Proc. CLAIMS AND BENEFITS PAID  9. Death browlets  10. Matured endowments  11. Annuly benefits  12. Annuly benefits  13. Annuly benefits  14. All other benefits, except accident and health  15. Totals  16. Totals  17. Totals  18. Totals  19. DETAILS OF WRITE-INS  19. DETAILS OF WRITE                 |   |                        |                  | <b></b>        |           |       |                                 |               |          |               |
| DIRECT DEATH JOHN TO THE STREET OF THE STREE                 | ,   | ,                      |                  |                |           |       |                                 |               |          |               |
| 10. Maturad endowments 12. Suremode values and withdrawals for life contracts 12. Suremode values and withdrawals for life contracts 13. Aggregate which ins for miscalinaeous direct claims and the end to the life of the li                 |   |                        |                  |                |           |       |                                 |               |          |               |
| 11. Annuly benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid. 13. Toggregate write-ins for miscellaneous direct claims and benefits paid. 15. Totals 16. Totals 16. Totals 16. Totals 17. Totals 18. Experimental paid paid paid paid paid paid paid paid  | 9. Death benefits   |                        |                  |                |           |       |                                 |               |          |               |
| 12. Surrender values and withdrawals for life contracts.  3. Aggregate which is not moiscillances direct claims and benefits paid.  4. All other benefits, except accident and health.  5. Totals.  DETAILS OF WRITE-INS  333.  338. Summary of Line 13 from overflow page.  3399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)  DIRECT DEATH BENEFITS AND  DIRECT DEATH BENEFITS AND  DIRECT DEATH BENEFITS AND  DIRECT DEATH BENEFITS AND  DIRECT DEATH BENEFITS AND  DIRECT DEATH BENEFITS AND  DIRECT DEATH BENEFITS AND  DIRECT DEATH BENEFITS AND  DIRECT DEATH BENEFITS AND  ENDOWMENTS  No. Amount  Certifs. Amount  No. of Certifs. Amount  No. of Certifs. Amount  No                 |   |                        |                  |                |           |       | <b></b>                         |               |          |               |
| 13. Agregate write-ins for miscellaneous direct claims and berefits paid  14. All other benefits, except accident and health  15. Totals  10. Totals  10. Totals  10. Totals  10. Totals  10. Totals  10. Totals  10. Totals  10. Totals  10. Totals  10. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)  10. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)  10. Total thrush 1   | •   |                        |                  |                |           |       |                                 |               |          |               |
| and benefits paid  All other benefits, except accident and health  15. Totals  DETALS OF WRITE-INS  301.  302.  1303.  1304.  1309. Totals (Lines 130 thru 1903 plus 1988) (Line 13 abvo)  DIRECT DEATH BENEFITS AND MATURED BENEFITS AND MATURED BENDOWMENTS No. of lind Pois BENDOWMENTS No. Amount  1 2 No. of lind Pois BENDOWMENTS No. Amount  1 2 No. of lind Pois BENDOWMENTS No. Amount  1 2 No. of lind Pois Rendowments No. Amount  1 2 No. of lind Pois Rendowments No. Amount  1 2 No. of lind Pois Rendowments No. Amount  1 3 No. of lind Pois Rendowments No. Amount  1 4 5 6 6 7 8 9 10  No. of lind Pois Rendowments No. Amount  1 5 Total Separate in full 1 18.1 By payment in full 1 18.2 By payment in full 1 18.2 By payment in full 1 18.4 Reduction by Compromised claims 18.3 Totals paid 18.4 Totals paid 18.5 Totals paid 1                 |   |                        |                  | -†             |           |       |                                 |               |          |               |
| DETAILS OF WRITE-INS  303.1 303.1 303.2 303.3 303.5 30                 | and benefits paid   |                        |                  |                |           |       |                                 | <u> </u>      |          |               |
| DETAILS OF WRITE-INS 1302. 1308. Summary of Line 13 from overflow page 1309. Totals (Lines 1301 thru 1303 plus 1399) (Line 13 above)    Credit Life   Croup and Individual)   Group   Industrial   Total   |   | accident and health    |                  |                |           |       |                                 | <u> </u>      |          |               |
| 1301. 1302. 1308. Summary of Line 13 from overflow page. 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)    Credit Uf  |   |                        |                  |                |           |       |                                 |               |          |               |
| 1302. 1308. Summary of Line 13 from overflow page. 1309. Totals (Lines 1501 thru 1303 plus 1398) (Line 13 above)    DIRECT DEATH BENEFITS AND MATURED IN Cordinary Coron and Individual Includes the Direct Losse Paid Industrial Total Industrial Total Industrial Total Industrial Total Industrial Total Industrial Total Industrial Total Industrial Total Industrial Total Industrial Total Industrial Total Industrial Industrial Industrial Total Industrial                 |   |                        |                  |                |           |       |                                 |               |          |               |
| 1398. Summary of Line 13 from overflow page 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)  DIRECT DEATH BENEFITS AND MATURED INCURRED NO. Amount 12  | 1302  |                        |                  |                |           |       |                                 |               | T        |               |
| Direct DEATH   September 31, pror year   S                   | 1303.   |                        |                  |                |           |       |                                 |               |          |               |
| DIRECT DEATH BENETTS AND MATURED ENDOWMENTS INCURRED No. Amount Certifis. Amount Certifis. Amount Certifis. Amount Certifis. Amount Certifis. Amount Certifis. Amount Certifis. Amount Certifis. Amount Certifis. Amount Certifis. Certifis. Certifis. Certifis. Direct Death Selfed during current year: 18.1 By payment in full 18.2 By payment in full 18.3 Totals baid 18.4 Reduction by compromise 18.5 Amount rejected 18.5 Total settlements 19. Unpaid Dec. 31, current year (18.1-17.86) POLICY EXHBIT 20. In force December 31, prior year 21. Insured during year 22. Other changes to in force (Net) Certifis. Direct December 31 of current year Selfied during vear 23. In force December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certifis. Direct December 31 of current year Certific December 31 of current year Certific December 31 of current year Certific December 31 of current year Certific December 31 of current year Certific December 31 of Certific December 31 of Certific December 31 of Certific December 31 of Certific December 31 of Certific December 31 of December 31 of December 31 of December 31 of December 31 of December 31 of December 31 of December 31 of December 31 of December 31 of December 31 of December 31 of December 31 of December 31 of Decem                 |   |                        |                  |                |           |       |                                 |               |          |               |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS No. Amount Ordinary  1 2 3 4 5 6 7 8 8 9 10  No. of Ind. Pols Amount No. Amo                 |   | oo pida 1030) (Line 10 |                  |                |           |       |                                 |               |          |               |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS No. Amount Ordinary  1 2 3 4 5 6 7 8 8 9 10  No. of Ind. Pols Amount No. Amo                 |   |                        | Credit Life      |                |           |       |                                 |               |          |               |
| BENEFITS AND MATURED ENDOWMENTS INCURRED No. Amount Certifs. Amount No. Amoun                 |   |                        | (Group and Indiv |                | Group     |       |                                 |               |          |               |
| MATURED ENDOWMENTS No. Amount of Police Series Amount No. Amount N                 |   | 1 2                    |                  | 5              |           | 6     | 7                               | 8             | 9        | 10            |
| ENDOWMENTS INCURRED No. Amount & & Gr. Certifs. Amount No. Amount                  | _   |                        |                  |                |           |       |                                 |               |          |               |
| 16. Unpaid December 31, prior year 17. Incurred during current year 18. His payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec 31, current year 19. Unpaid Dec 31, current year 19. Unpaid Dec 31, current year 19. Unpaid Dec 31, current year 20. Other changes to in force (Net) 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 24. Credit (Cardit Life Insurance prior year \$ 25. Includes Individual Credit Life Insurance prior year \$ 26. Includes Individual Credit Life Insurance prior year \$ 27. Credit (Group and Individual) 28. In force December 31 of current year 29. Other death of the prior year \$ 29. Includes Individual Credit Life Insurance prior year \$ 29. Includes Individual Credit Life Insurance prior year \$ 29. Includes Individual Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Includes Individual Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Includes Individual Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Includes Individual Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Includes Individual December 19 Includes Individual Only Included Policies (b) 20. Incredit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Includes Individual Policies (b) 20. Incredit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Includes Individual Policies (b) 20. Incredit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Incredit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Incredit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Incredit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 29. Incredit Life Insuran | _   |                        | & Gr.            |                |           |       |                                 |               |          |               |
| year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current year Settled during current Settled during current Settled during current Settled during current Settled during vear Settled vear Settled vear Settled vear Settled vear Settled vear Settled vear Settled vear Settled vear Settled vear Settled vear Set                 |   | No. Amount             | Certifs. Amo     | unt Certifs.   | Aı        | mount | No.                             | Amount        | No.      | Amount        |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full. 18.2 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid. 18.4 Reduction by compromised claims 18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid Dec. 31, current year (a). 19. Unpaid Dec. 31, current year (14.17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year. 22. Other changes to in force (Net). 23. In force December 31 of current year (shift). 24. Caroup Policies (b). 25. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  Carrent year (shift). 26. Group Policies (b). 27. Carrent year (shift). 28. Caroup Policies (b). 29. Cardit (Group and Individual). 29. Cardit (Group and Individual). 29. Cardit (Group and Individual). 29. Cardit (Group and Individual). 29. Cardit (Group and Individual). 29. Collectively renewable policies (b). 29. Cardit (Group and Individual).                 |   |                        |                  |                |           |       |                                 |               |          |               |
| 18.1 By payment in full 18.2 By payment on   | 17. Incurred during current year  |                        |                  |                |           |       |                                 |               |          | -             |
| 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16.17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) (Net) 23. In force December 31 of current year (a) a) Includes Individual Credit Life Insurance prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  CCIDENT AND HEALTH INSURANCE  24. Group Policies (b) 24. Group Policies (b) 24. Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Cuaranteed renewable (b)  26. Credit Carrent year \$  27. In face that the surface of t              |   |                        |                  |                |           |       |                                 |               |          |               |
| compromised claims 18.3 Total spaid 18.4 Reduction by compromise 18.5 Anount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 24. Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  ACCIDENT AND HEALTH INSURANCE  1 2 3 Dividends Paid Or Credited On Direct Business Direct Dremiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Premiums Direct Direct Premiums Direct Direct Premiums Direct Direct Direct Premiums Direct               |   |                        |                  |                |           |       |                                 |               |          |               |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 24. Includes Individual Credit Life Insurance prior year \$  | compromised claims  |                        |                  |                |           |       |                                 |               |          |               |
| compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16-17-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 3. In force December 31 of current year (a)  23. In force December 31 of current year 3 includes Individual Credit Life Insurance prior year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ CONTROL OF THE STAND HEALTH INSURANCE  1 2 3 Individual Credit Life Insurance  ACCIDENT AND HEALTH INSURANCE  1 2 3 Vividends Paid Or Credited On Direct Business  Direct Losses Paid Direct Losses Paid Incurred  24. Group Policies (b) 24. Group Policies (b) 24. Group policies (b) 24. Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.2 Guaranteed renewable (b)   |   |                        |                  |                |           |       |                                 |               |          | -             |
| 18.6 Total settlements 19. Unpaid Dec. 31, current year (16-117-18.6)  POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 3 includes Individual Credit Life Insurance prior year \$   | ,   | ,                      |                  |                |           |       |                                 |               |          |               |
| 19. Unpaid Dec. 31, current year (16+17-18.6)  POLICY EXHIBIT  20. In force December 31, prior year  |   |                        |                  |                |           |       |                                 |               |          |               |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) (Net) 23. In force December 31 of current year \$ Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  ACCIDENT AND HEALTH INSURANCE   1 2 3 Vividends Paid Or Credited On Direct Business  Direct Premiums  Earned  24. Group Policies (b). 24. Group Policies (b). 24.1 Federal Employees Health Benefits Plan premium (b). 24.2 Credit (Group and Individual). 24.3 Collectively renewable policies (b). 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.2 Guaranteed renewable (b). 25.2 Guaranteed renewable (b).  |   | s                      |                  |                | \         |       |                                 |               |          |               |
| POLICY EXHIBIT  20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 3) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ CREDIENT AND HEALTH INSURANCE  1 2 3 4 5 Direct Premiums Direct Premiums Earned  24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)  |   |                        |                  |                | М         |       |                                 |               |          |               |
| 20. In force December 31, prior year   |   |                        |                  |                |           |       |                                 |               |          |               |
| year   |   |                        |                  | Policies       |           |       |                                 |               |          |               |
| 22. Other changes to in force (Net)  |   |                        | (a)              | <b></b>        | <u> </u>  |       | ļ                               |               | ļ        |               |
| (Net)  |   |                        |                  |                | <b>_</b>  |       | <del> </del>                    |               |          |               |
| 23. In force December 31 of current year a local current year \$ Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  COLIDENT AND HEALTH INSURANCE  1 2 3 COLIDENT AND HEALTH INSURANCE  24. Group Policies (b) Direct Premiums Direct Premiums Direct Premiums Direct Premiums Premium (b) Direct Premium Direct Premium Direct Premium Direct             |   |                        |                  |                | 1         |       |                                 |               | <u></u>  |               |
| a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ CIDENT AND HEALTH INSURANCE  1 2 3 4 5 Dividends Paid Or Credited On Direct Business Direct Losses Paid Incurred  24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)   | 23. In force December 31 of   |                        |                  | T              |           |       |                                 |               |          |               |
| Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  ACCIDENT AND HEALTH INSURANCE   1 2 3 4 5  Dividends Paid Or Credited On Direct Premiums Earned Business Direct Losses Paid Incurred  24. Group Policies (b)  24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)  |   | neurance prior voca ®  |                  | Current voca ® |           |       |                                 |               | 1        |               |
| Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$  ACCIDENT AND HEALTH INSURANCE  1 2 3 4 5 Dividends Paid Or Credited On Direct Business Direct Losses Paid Incurred  24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.2 Guaranteed renewable (b) 27.2 Credit (Consult of the Individual Policies) 26.2 Guaranteed renewable (b) 27.2 Guaranteed renewable (b) 27.2 Guaranteed renewable (b) 27.2 Credit (Group and Individual Policies) 27.2 Guaranteed renewable (b) 27.2 Guaranteed renewable (b) 27.2 Guaranteed renewable (b) 27.2 Guaranteed renewable (b) 27.2 Guaranteed renewable (b) 27.2 Guaranteed renewable (c) 27.2 Guaranteed (c) 27.2 Guaranteed (c) 27.2 Guaranteed (c) 27.2 Guaranteed (c) 27.2 Guaranteed (c) 27.2 Guaranteed (c) 27.2 Guaranteed (c                | •   |                        |                  | •              |           |       | CIJr                            | rent year \$  |          |               |
| 24. Group Policies (b)   | •   |                        | •                |                |           |       |                                 | •             |          |               |
| 24. Group Policies (b)   |   | 1                      | ACCIDENT AND     | HEALTH II      | NSUF      | RANCE |                                 |               |          |               |
| Direct Premiums Earned Direct Losses Paid Direct Losses Paid Incurred  24. Group Policies (b)  24.1 Federal Employees Health Benefits Plan premium (b)  24.2 Credit (Group and Individual)  24.3 Collectively renewable policies (b)  24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:  25.1 Non-cancelable (b)  25.2 Guaranteed renewable (b)   |   |                        |                  |                |           | ;     |                                 | 4             |          | 5             |
| Direct Premiums Earned Business Direct Losses Paid Incurred  24. Group Policies (b)  24.1 Federal Employees Health Benefits Plan premium (b)  24.2 Credit (Group and Individual)  24.3 Collectively renewable policies (b)  24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:  25.1 Non-cancelable (b)  25.2 Guaranteed renewable (b)   |   |                        |                  | Direct Des     | uma       |       |                                 |               |          | Direct Lagger |
| 24. Group Policies (b)   |   |                        | Direct Premiums  |                | ums       |       |                                 | Direct Losses | Paid     |               |
| premium (b)  | ,   |                        |                  |                |           | 230   | <del>-</del>                    | 22. 200000    |          | 2220          |
| 24.2 Credit (Group and Individual)   |   |                        |                  |                |           |       |                                 |               |          |               |
| 24.3 Collectively renewable policies (b)   |   |                        | <u> </u>         |                |           | L     |                                 | ļ             | ·        |               |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:  25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b)  |   | · · ·                  |                  |                |           |       |                                 |               | <u>.</u> |               |
| 25.1 Non-cancelable (b)  | 24.4 Medicare Title XVIII exemp   |                        | 14,832           |                | 14,832    |       | 0                               |               | 1,686    | 1,54          |
| 25.2 Guaranteed renewable (b)  |   |                        |                  |                |           |       |                                 |               |          |               |
|  |   |                        |                  | -              |           |       |                                 |               | ····· }  |               |
| EAST INVITED AND THE SECOND OF                 |   |                        |                  |                |           | L     |                                 | ļ             | ·        |               |
| 25.4 Other accident only   |   |                        |                  |                |           |       |                                 |               |          |               |
| 25.5 All other (b)   | 25.5 All other (b)  |                        |                  |                |           |       |                                 |               |          |               |
| 25.6 Totals (sum of Lines 25.1 to 25.5)  |   |                        |                  |                |           |       |                                 |               |          |               |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) 14,832 14,832 0 1,686                 |   |                        |                  |                | ,         |       |                                 |               |          | 1,54          |

LS206.GU

insured under indemnity only products



|  | RECT BUSINESS IN THE STATE OF Puerto Rico NIC Group Code 4667   |  |                         |                    | LIFE INSURANCE |          |                         |          |         |                |                |          | E YEAR 2017<br>ny Code 12575 |  |
|--|---|--|-------------------------|--------------------|----------------|----------|-------------------------|----------|---------|----------------|----------------|----------|------------------------------|--|
|  |   | PREMIUMS   | i                       |                    | 1              |          | 2<br>Credit Life (Group |          |         | 3              | 4              |          | 5                            |  |
| 4 Life in  | AND ANNUITY C   |  |                         | Ord                | inary          | ar       | nd Individu             | ıal)     | Gr      | oup            | Industria      | ı        | Total                        |  |
|  | nsurance<br>lity considerations   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | sit-type contract fund  |  |                         |                    |                |          | XXX                     |          |         |                | XXX            |          |                              |  |
|  | r considerations  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | s (Sum of Lines 1 to 4  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | DIRECT DIVIDENDS  | TO POLIC   | YHOLDERS                |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | nsurance:   | donocit  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | aid in cash or left on applied to pay renewal   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | pplied to provide paid  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | he endowment or pre   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  |   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | otals (sum of Line 6.1  | I to 6.4)  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
| Annui  |   | -1   |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | aid in cash or left on applied to provide paid  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | Other   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | otals (sum of Lines 7   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
| 8. Grand   | d Totals (Lines 6.5 pl  | us 7.4)  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | DIRECT CLAIMS A   | ND BENEF   | TITS PAID               | 7                  |                |          |                         |          |         |                |                |          |                              |  |
|  | h benefits  |  |                         |                    |                |          |                         | 7        |         |                |                |          |                              |  |
|  | red endowments  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | ity benefits  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | ender values and with<br>egate write-ins for mis  |  |                         |                    |                |          |                         |          | <b></b> |                |                |          |                              |  |
|  | egate write-ins for mis<br>benefits paid  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | her benefits, except a  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
| 15. Totals   | s   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | AILS OF WRITE-INS   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
| 1301   |   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  |   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | many of Line 12 from  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | mary of Line 13 from o<br>s (Lines 1301 thru 13   |  | •                       |                    |                |          |                         |          |         |                |                |          |                              |  |
| abov   | *   | oo pias Too  | )(Line 10               |                    |                |          |                         |          |         |                |                |          |                              |  |
|  |   |  |                         |                    | Credit Life    |          | ı                       |          |         |                |                |          |                              |  |
|  |   |  | Ordinary                |                    | and Individ    | lual)    |                         | Group    | р       | 1              | ndustrial      |          | Total                        |  |
|  | IRECT DEATH   | 1  | 2                       | 3                  | 4              |          | 5                       |          | 6       | 7              | 8              | 9        | 10                           |  |
| BI   | ENEFITS AND   |  |                         | No. of             |                |          |                         |          |         |                |                |          |                              |  |
| FI   | MATURED<br>NDOWMENTS  |  |                         | Ind.Pols.<br>& Gr. |                |          | No. of                  |          |         |                |                |          |                              |  |
|  | INCURRED  | No.  | Amount                  | Certifs.           | Amour          | nt       | Certifs.                | A.       | mount   | No.            | Amount         | No.      | Amount                       |  |
|  | December 31, prior  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  |   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | d during current year   |  |                         |                    |                |          | <b>+</b>                | <b></b>  |         |                |                |          |                              |  |
|  | during current year: payment in full  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
| ,  | payment on  | •  |                         |                    |                |          | *                       |          |         |                |                |          |                              |  |
|  | ompromised claims   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | tals paid   |  |                         |                    |                |          | ļ                       |          |         |                |                |          |                              |  |
|  | eduction by   |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | ompromise<br>nount rejected   |  |                         | <b>\</b>           |                |          | T                       |          |         |                |                |          |                              |  |
|  | tal settlements   |  |                         |                    |                |          |                         | J        |         |                |                |          |                              |  |
|  | Dec. 31, current  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
| year (1  | 16+17-18.6)   |  |                         | 7.3                |                |          |                         |          |         |                |                |          |                              |  |
| DC   | OLICY EXHIBIT   |  |                         |                    |                |          | of                      |          |         |                |                |          |                              |  |
|  | December 31, prior  |  |                         |                    |                |          | Policies                | ł        |         |                |                |          |                              |  |
|  |   |  |                         |                    | (a)            |          | <b>_</b>                | ļ        |         | ļ              |                | ļ        |                              |  |
|  | during year   |  |                         |                    |                |          | ļ                       | ļ        |         |                |                |          |                              |  |
|  | hanges to in force  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | December 31 of  |  |                         |                    |                |          | <b>†</b>                |          |         | <u> </u>       |                | <b>†</b> |                              |  |
| current  |   | <u> </u>   |                         |                    | (a)            |          |                         | <u> </u> |         |                |                | <u> </u> |                              |  |
| , ,  | ndividual Credit Life I   |  | •                       |                    |                |          |                         |          |         |                |                |          |                              |  |
|  | Group Credit Life Insu  |  |                         | •                  |                |          |                         |          |         |                | urrent year \$ |          |                              |  |
| Loans gre  | eater than 60 months  | at issue BL  | JI NOI GREATE           | ER THAN 1          | 20 MONTHS      | s, prior | year \$                 |          |         | , Cl           | urrent year \$ |          |                              |  |
|  |   |  | A                       | CCIDE              | NT AND         | HEA      | ALTH IN                 | NSUF     | RANCE   |                |                |          |                              |  |
|  |   |  |                         |                    | 1              |          | 2                       |          |         | 3              | 4              |          | 5                            |  |
|  |   |  |                         |                    |                | D:-      | oot Brow!               | umo      |         | s Paid Or      |                |          | Direct Leases                |  |
|  |   |  |                         | Direct P           | remiums        | Dir      | ect Premit<br>Earned    | SIIIL    |         | On Direct ness | Direct Losses  | Paid     | Direct Losses<br>Incurred    |  |
|  |   |  |                         | DIRECT             |                |          | Lameu                   |          | Dus     |                | D., COL 203363 | , au     |                              |  |
| 24. Group  | p Policies (b)  |  |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
| 24.1 Feder   | ral Employees Health  | Benefits P   |                         |                    |                |          |                         |          | ļ       |                | .              |          |                              |  |
| 24.1 Feder prem  | ral Employees Health  | Benefits P   |                         |                    |                | 1        |                         |          |         |                |                |          |                              |  |
| 24.1 Feder prem 24.2 Credit  | ral Employees Health<br>mium (b)it<br>(Group and Individu   | n Benefits P<br><br>ıal)   |                         |                    |                |          |                         |          |         |                |                |          |                              |  |
| 24.1 Feder prem 24.2 Credit 24.3 Collect   | eral Employees Health<br>mium (b)it (Group and Individu<br>ectively renewable pol   | Benefits P<br>al)icies (b)                                       |                         |                    |                |          |                         | 7E 400   |         |                |                | 70 547   |                              |  |
| 24.1 Feder prem 24.2 Credit 24.3 Collect 24.4 Medic  | eral Employees Health<br>mium (b)it (Group and Individu<br>ectively renewable pol<br>care Title XVIII exemp   | Benefits P<br>al)icies (b)                                       |                         |                    |                |          | 37                      | 75 , 109 |         | (              | )              | 72,517   | 66,273                       |  |
| 24.1 Feder prem 24.2 Credit 24.3 Collect 24.4 Medic Other  | ral Employees Health<br>mium (b)it (Group and Individu<br>octively renewable pol<br>care Title XVIII exem<br>r Individual Policies:                   | n Benefits P<br>al)<br>icies (b)<br>ot from state                | e taxes or fees         |                    | 375, 109       |          | 37                      | 75, 109  |         | (              |                | 72,517   | 66,273                       |  |
| 24.1 Feder prem 24.2 Credit 24.3 Collect 24.4 Medic Other 25.1 Non-collect Premium 25.1 Feder Premium 25.1 F | ral Employees Health<br>mium (b)it (Group and Individu<br>ctively renewable pol<br>care Title XVIII exemp<br>r Individual Policies:<br>cancelable (b) | n Benefits P   | e taxes or fees         |                    | 375, 109       |          | 37                      | 75,109   |         | (              |                | 72,517   |                              |  |
| 24.1 Feder prem 24.2 Credit 24.3 Collect 24.4 Medic Other 25.1 Non-cut 25.2 Guara  | ral Employees Healthium (b)   | n Benefits F   | e taxes or fees         |                    | 375,109        |          | 37                      | 75,109   |         | (              | )              | 72,517   | 66,273                       |  |
| 24.1 Feder prem 24.2 Credit 24.3 Collec Other 25.1 Non-c 25.2 Guara 25.3 Non-r   | ral Employees Health<br>mium (b)it (Group and Individu<br>ctively renewable pol<br>care Title XVIII exemp<br>r Individual Policies:<br>cancelable (b) | n Benefits F  ial) icies (b) ot from state reasons on            | e taxes or fees         |                    | 375, 109       |          | 37                      | 75,109   |         | (              |                | 72,517   |                              |  |
| 24.1 Feder prem 24.2 Credit 24.3 Collec 24.4 Medic 25.1 Non-c 25.2 Guara 25.3 Non-r 25.4 Other   | ral Employees Healthmium (b)  | n Benefits F   | e taxes or fees         |                    | 375,109        |          |                         | 75, 109  |         | (              |                | 72,517   | 66,273                       |  |
| 24.1 Feder prem 24.2 Credit 24.3 Collec 24.4 Medic Other 25.1 Non-c 25.2 Guara 25.4 Other 25.5 All oth 25.6 Totals   | ral Employees Health mium (b)   | n Benefits F  ial) icies (b) ot from state  reasons on           | e taxes or fees         |                    | 375,109        |          |                         |          |         |                |                |          |                              |  |
| 24.2 Credit<br>24.3 Collec<br>24.4 Medic<br>25.1 Non-c<br>25.2 Guara<br>25.3 Non-r<br>25.4 Other<br>25.5 All oth<br>25.6 Totals<br>26. Totals  | ral Employees Health mium (b)   | n Benefits F  ial) icies (b) ot from state  reasons on  to 25.5) | e taxes or fees  ly (b) |                    | 375, 109       |          | 37                      | 0        |         |                |                | 0        |                              |  |

LS206.PR

insured under indemnity only products



|   | Group Code 4667  |                            | T  |  |                                       | NSURANC<br>0         |               | 0       | NAIC         | Company  | Code 125 |
|---|--|----------------------------|--|--|---------------------------------------|----------------------|---------------|---------|--------------|----------|----------|
|   | DIRECT F   | PREMIUMS                   | s  | •  |                                       | 2<br>dit Life (Group |               | 3       | 4            |          | 5        |
|   | AND ANNUITY C  |                            |  | Ordi   | nary ar                               | nd Individual)       | Gr            | oup     | Industria    | ı        | Total    |
|   | Life insurance   |                            | F  |  |                                       |                      |               |         |              |          |          |
|   | Annuity considerations   |                            |  |  |                                       |                      |               |         |              |          |          |
|   | Deposit-type contract fund<br>Other considerations   |                            | E .  |  |                                       | XXX                  |               |         | XXX          |          |          |
|   | Totals (Sum of Lines 1 to  |                            |  |  |                                       |                      |               |         |              |          |          |
| _   | DIRECT DIVIDENDS   |                            | YHOLDERS   |  |                                       |                      |               |         |              |          |          |
|   | Life insurance:  |                            |  |  |                                       |                      |               |         |              |          |          |
|   | 6.1 Paid in cash or left on  | deposit                    |  |  |                                       |                      |               |         |              |          |          |
|   | 6.2 Applied to pay renewa  | •                          |  |  |                                       |                      |               |         |              |          |          |
|   | 6.3 Applied to provide paid<br>the endowment or pre  |                            |  |  |                                       |                      |               |         |              |          |          |
|   | 6.4 Other  |                            |  |  |                                       |                      |               |         |              |          |          |
|   | 6.5 Totals (sum of Line 6.1  |                            |  |  |                                       |                      |               |         |              |          |          |
|   | Annuities:   | ,                          |  |  |                                       |                      |               |         |              |          |          |
|   | 7.1 Paid in cash or left on  | deposit                    |  |  |                                       |                      |               |         |              |          |          |
|   | 7.2 Applied to provide paid  |                            |  |  |                                       |                      |               | <u></u> |              |          |          |
|   | 7.3 Other  |                            |  | <b>\</b>                                     |                                       |                      |               |         |              |          |          |
|   | 7.4 Totals (sum of Lines 7   |                            |  | <b>.</b>                                     |                                       |                      | +- <b>[</b> ] |         |              |          |          |
|   | Grand Totals (Lines 6.5 pl DIRECT CLAIMS A   | us 7.4)                    | EITS DAID  | 1  |                                       |                      |               |         |              |          |          |
|   | Death benefits   |                            |  |  |                                       |                      |               |         |              |          |          |
|   | Matured endowments   |                            |  | <b>—————————————————————————————————————</b> |                                       |                      | † <b>1</b>    |         |              |          |          |
|   | Annuity benefits   |                            | The state of the s |  |                                       |                      |               |         |              |          |          |
|   | Surrender values and with  |                            |  |  |                                       |                      |               |         |              |          |          |
| 3.  | Aggregate write-ins for mis  |                            |  |  |                                       |                      |               |         |              |          |          |
|   | and benefits paid  |                            |  |  |                                       |                      | +             |         |              |          |          |
|   | All other benefits, except a Totals  | eccident an                | id neaith  |  |                                       |                      | +             |         |              |          |          |
| ٠.  | DETAILS OF WRITE-INS   |                            |  |  |                                       |                      |               |         |              |          |          |
| )1  |  |                            |  |  |                                       |                      |               |         |              |          |          |
| )2.   |  |                            |  |  |                                       |                      |               |         |              |          |          |
|   |  |                            |  |  |                                       |                      | T             |         |              |          |          |
| )3.   |  |                            |  |  |                                       |                      | 1             |         |              |          |          |
| )3.<br>98.  | Summary of Line 13 from  | overflow pa                | age  |  |                                       |                      |               |         |              |          |          |
| )3.<br>98.  | Summary of Line 13 from Totals (Lines 1301 thru 13   | overflow pa                | age  |  |                                       |                      |               |         |              |          |          |
| )3.<br>98.  | Summary of Line 13 from  | overflow pa                | age  |  |                                       |                      |               |         |              |          |          |
| )3.<br>98.  | Summary of Line 13 from Totals (Lines 1301 thru 13   | overflow pa<br>03 plus 13  | 98) (Line 13   | (  | Credit Life                           | Grav                 |               |         | Industrial   |          | Total    |
| )3.<br>98.  | Summary of Line 13 from<br>Totals (Lines 1301 thru 13<br>above)  | overflow pa<br>03 plus 13  | 98) (Line 13 Ordinary  | (Group                                       |                                       | Grou                 |               |         | Industrial   | 9        | Total    |
| )3.<br>98.  | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND   | overflow pa<br>03 plus 13  | 98) (Line 13   | (  | Credit Life                           | Grou                 | ip 6          | 7       | Industrial 8 | 9        | Total 10 |
| )3.<br>98.  | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED   | overflow pa<br>03 plus 13  | 98) (Line 13 Ordinary  | (Group<br>3<br>No. of<br>Ind.Pols.           | Credit Life                           | 5                    |               |         |              | 9        |          |
| )3.<br>98.  | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS  | overflow pa<br>03 plus 13  | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| 93.<br>98.<br>99.   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED   | overflow pa<br>03 plus 13  | 98) (Line 13 Ordinary  | (Group<br>3<br>No. of<br>Ind.Pols.           | Credit Life                           | 5<br>No. of          |               |         |              | 9<br>No. | 10       |
| 03.<br>98.<br>99.   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS  | overflow pa<br>03 plus 13  | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| UI<br>y   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior lear curred during current year  | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          |          |
| Ui<br>y<br>In   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED npaid December 31, prior rear curred during current year ettled during current year:  | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>y<br>In<br>Se   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  ripaid December 31, prior //ear  | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>y<br>In<br>Se   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  npaid December 31, prior year curred during current year: 8.1 By payment in full 8.2 By payment on   | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>y<br>In<br>Se<br>18   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  ripaid December 31, prior //ear  | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>y<br>In<br>Se<br>18   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  Inpaid December 31, prior rear curred during current year ettled during current year: 3.1 By payment in full   | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>y<br>ln<br>Se<br>18<br>18   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  npaid December 31, prior rear curred during current year ettled during current year: 3.1 By payment in full  | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>y<br>In<br>Se<br>18<br>18   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  ripaid December 31, prior /ear curred during current year: 3.1 By payment in full 3.2 By payment on compromised claims 3.3 Totals paid 3.4 Reduction by compromise 3.5 Amount rejected   | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>y<br>In<br>Se<br>18<br>18<br>18   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  npaid December 31, prior vear curred during current year: 3.1 By payment in full   | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>y<br>In<br>Se<br>18<br>18<br>18<br>18<br>Ui                               | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  npaid December 31, prior rear curred during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year: attled during current year attled during current year attled during current year attled attled during current  | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>y<br>In<br>Se<br>18<br>18<br>18<br>Ui                                     | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  npaid December 31, prior vear curred during current year: 3.1 By payment in full   | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | 5<br>No. of          | 6             | 7       | 8            |          | 10       |
| Ui<br>98.<br>99.<br>Ui<br>99.<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18   | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  npaid December 31, prior rear curred during current year: 8.1 By payment in full 8.2 By payment in full 8.3 By payment on compromised claims 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 8.7 apaid Dec. 31, current rear (16+17-18.6)  POLICY EXHIBIT  | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | No. of Certifs.      | 6             | 7       | 8            |          | 10       |
| Ui y In Se 18 18 18 18 18 18 18 18 18 18 18 18 18                               | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  ripaid December 31, prior /ear curred during current year: 3.1 By payment in full 3.2 By payment on compromised claims 3.3 Totals paid 3.4 Reduction by compromise 3.5 Amount rejected 3.6 Total settlements Inpaid Dec. 31, current //ear (16+17-18.6)  POLICY EXHIBIT force December 31, prior   | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Amount                                | No. of Certifs.      | 6             | 7       | 8            |          | 10       |
| 18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>18<br>1 | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED INCURRE | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Credit Life<br>o and Individual)<br>4 | No. of Certifs.      | 6             | 7       | 8            |          | 10       |
| Ui y In Se 18 18 18 18 18 18 18 18 18 18 18 18 18                               | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  npaid December 31, prior rear  curred during current year: 81. By payment in full 82. By payment on compromised claims 83.4 Reduction by compromise 83.5 Amount rejected 83.6 Total settlements npaid Dec. 31, current rear (16+17-18.6)  POLICY EXHIBIT force December 31, prior rear sued during year  | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Amount                                | No. of Certifs.      | 6             | 7       | 8            |          | 10       |
| Uii y In: Se 18 18 18 18 18 18 18 18 18 18 18 18 18                             | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED INCURRE | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Amount                                | No. of Certifs.      | 6             | 7       | 8            |          | 10       |
| Ui y ln Se 18 18 18 18 18 18 18 18 18 18 18 18 18                               | Summary of Line 13 from Totals (Lines 1301 thru 13 above)  DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED  npaid December 31, prior rear curred during current year: ettled during current year: 8.1 By payment in full 8.2 By payment in full 8.3 By payment on compromised claims 8.3 Totals paid 8.4 Reduction by compromise 8.5 Amount rejected 8.6 Total settlements 9.6 Total settlements 9.7 Amount rejected 9.8 Amount rejected 9.9 POLICY EXHIBIT force December 31, prior rear sued during year ther changes to in force  | overflow pa<br>03 plus 13: | 98) (Line 13  Ordinary  2  | (Group<br>3<br>No. of<br>Ind.Pols.<br>& Gr.  | Amount                                | No. of Certifs.      | 6             | 7       | 8            |          | 10       |

### ACCIDENT AND HEALTH INSURANCE

|      |  | 1               | 2               | 3                  | 4                  | 5             |
|------|--|-----------------|-----------------|--------------------|--------------------|---------------|
|      |  |                 |                 | Dividends Paid Or  |                    |               |
|      |  |                 | Direct Premiums | Credited On Direct |                    | Direct Losses |
|      |  | Direct Premiums | Earned          | Business           | Direct Losses Paid | Incurred      |
| 24.  | Group Policies (b)                                   |                 |                 |                    |                    |               |
| 24.1 | Federal Employees Health Benefits Plan premium (b)   |                 |                 |                    |                    |               |
| 24.2 | Credit (Group and Individual)                        |                 |                 |                    |                    |               |
| 24.3 | Collectively renewable policies (b)                  |                 |                 |                    |                    |               |
|      | Medicare Title XVIII exempt from state taxes or fees | 37,646          | 37,646          | 0                  | 19,604             | 17,922        |
|      | Other Individual Policies:                           |                 |                 |                    |                    | ·             |
| 25.1 | Non-cancelable (b)                                   |                 |                 |                    |                    |               |
| 25.2 | Guaranteed renewable (b)                             |                 |                 |                    |                    |               |
|      | Non-renewable for stated reasons only (b)            |                 |                 |                    |                    |               |
| 25.4 | Other accident only                                  |                 |                 |                    |                    |               |
|      | All other (b)  |                 |                 |                    |                    |               |
|      | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0               | 0                  | 0                  | 0             |
|      | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 37 646          | 37 646          | 0                  | 19 604             | 17 922        |



current year \$ , current year \$

DURING THE YEAR 2017 DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands **LIFE INSURANCE** NAIC Group Code 4667 NAIC Company Code 12575

|           |   |          |   |       |               | ,     |
|-----------|---|----------|---|-------|---------------|-------|
|           | DIDECT DDEMUIMO                                     | 1        | 2   | 3     | 4             | 5     |
|           | DIRECT PREMIUMS                                     | O        | Credit Life (Group                                | 0     | la di catalal | T-4-1 |
| -         | AND ANNUITY CONSIDERATIONS                          | Ordinary | and Individual)                                   | Group | Industrial    | Total |
| 1.        | Life insurance                                      |          |   |       |               |       |
| 2.        | Annuity considerations                              |          |   |       |               |       |
| 3.        |   |          | XXX   |       | XXX           |       |
| 4.        | Other considerations                                |          |   |       |               |       |
| 5.        | Totals (Sum of Lines 1 to 4)                        |          |   |       |               |       |
|           | DIRECT DIVIDENDS TO POLICYHOLDERS                   |          |   |       |               |       |
|           | Life insurance:                                     |          |   |       |               |       |
|           | 6.1 Paid in cash or left on deposit                 |          |   |       |               |       |
|           | 6.2 Applied to pay renewal premiums                 |          |   |       |               |       |
|           | 6.3 Applied to provide paid-up additions or shorten |          |   |       |               |       |
|           | the endowment or premium-paying period              |          |   |       |               |       |
|           | 6.5 Totals (sum of Line 6.1 to 6.4)                 |          |   |       |               |       |
|           | Annuities:  |          |   |       |               |       |
|           | 7.1 Paid in cash or left on deposit                 |          |   |       |               |       |
|           | 7.1 Paid in cash of left on deposit                 |          |   |       |               |       |
|           | 7.2 Applied to provide pard-up armutiles            |          |   |       |               |       |
|           | 7.4 Totals (sum of Lines 7.1 to 7.3)                |          | <b>**</b>   |       |               |       |
| 8.        | Grand Totals (Lines 6.5 plus 7.4)                   |          |   |       |               |       |
| 0.        | DIRECT CLAIMS AND BENEFITS PAID                     |          | <del>                                      </del> |       |               |       |
| 9.        | Death benefits                                      |          |   |       |               |       |
| 9.<br>10. | Matured endowments                                  |          |   |       |               |       |
| 11.       | Annuity benefits                                    |          |   |       |               |       |
| 12.       | Surrender values and withdrawals for life contracts |          |   |       |               |       |
|           | Aggregate write-ins for miscellaneous direct claims |          |   |       |               |       |
| 13.       | and benefits paid                                   |          |   |       |               |       |
| 14        | All other benefits, except accident and health      |          |   |       |               |       |
|           | Totals  |          |   |       |               |       |
|           | DETAILS OF WRITE-INS                                |          |   |       |               |       |
| 1301      |   |          |   |       |               |       |
| 1302      |   |          |   |       |               |       |
| 1302      |   |          |   |       |               |       |
| 1300      | Summary of Line 13 from overflow page               |          |   |       |               |       |
|           | Totals (Lines 1301 thru 1303 plus 1398) (Line 13    |          |   |       |               |       |
| 1000      | above)  |          |   |       |               |       |

|   |          | 0 "         | _   | Credit Life     |                 |             |            |             | T        |           |
|---|----------|-------------|---|-----------------|-----------------|-------------|------------|-------------|----------|-----------|
|   |          | Ordinary    |   | and Individual) | Group           |             | Industrial |             | Total    |           |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED   | 1<br>No. | 2<br>Amount | 3<br>No. of<br>Ind.Pols.<br>& Gr.<br>Certifs. | 4<br>Amount     | No. of Certifs. | 6<br>Amount | 7<br>No.   | 8<br>Amount | 9<br>No. | 10 Amount |
| 16. Unpaid December 31, prior year  | -        | Amount      | Gertiis.                                      | Amount          | Ceruis.         | Amount      | NO.        | Amount      | NO.      | Amount    |
| <ol> <li>Incurred during current year</li> <li>Settled during current year:</li> <li>18.1 By payment in full</li> </ol> |          |             |   |                 |                 |             |            |             |          |           |
| 18.2 By payment on compromised claims 18.3 Totals paid  |          |             |   |                 |                 |             |            |             |          |           |
| 18.4 Reduction by compromise  |          |             |   |                 | <b></b>         |             |            |             |          |           |
| 18.5 Amount rejected  |          | <u> </u>    |   |                 |                 |             |            |             |          |           |
| 19. Unpaid Dec. 31, current year (16+17-18.6)   |          |             |   |                 | <u> </u>        |             |            |             |          |           |
| POLICY EXHIBIT 20. In force December 31, prior  |          |             |   | (a)             | Policies        |             |            |             |          |           |
| year21. Issued during year22. Other changes to in force   |          |             | -   | (a)             | †               |             | †          |             |          |           |
| (Net)23. In force December 31 of  |          |             |   |                 | <u> </u>        |             |            |             |          |           |
| current year  |          |             |   | (a)             |                 |             |            |             |          |           |

**ACCIDENT AND HEALTH INSURANCE** 

|      |  | 1               | 2                         | 3   | 4                  | 5                         |
|------|--|-----------------|---------------------------|---|--------------------|---------------------------|
|      |  | Direct Premiums | Direct Premiums<br>Earned | Dividends Paid Or<br>Credited On Direct<br>Business | Direct Losses Paid | Direct Losses<br>Incurred |
| 2/   | Group Policies (b)                                   |                 | Earneu                    | DUSITIESS   | Direct Losses Faid | incurred                  |
|      | Federal Employees Health Benefits Plan premium (b)   |                 |                           |   |                    |                           |
| 24.2 | Credit (Group and Individual)                        |                 |                           |   |                    |                           |
| 24.3 | Collectively renewable policies (b)                  |                 |                           |   |                    |                           |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | 2,838           | 2,838                     | 0   | 338                | 309                       |
|      | Other Individual Policies:                           | •               |                           |   |                    |                           |
| 25.1 | Non-cancelable (b)                                   |                 |                           |   |                    |                           |
| 25.2 | Guaranteed renewable (b)                             |                 |                           |   |                    |                           |
| 25.3 | Non-renewable for stated reasons only (b)            |                 |                           |   |                    |                           |
| 25.4 | Other accident only                                  |                 |                           |   |                    |                           |
|      | All other (b)  |                 |                           |   |                    |                           |
|      | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0                         | 0   | 0                  | 0                         |
| 26.  | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,838           | 2,838                     | 0   | 338                | 309                       |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_0 and number of persons insured under indemnity only products



| DIRECT BUSINESS IN THE STATE ( | OF Grand Tota | ıl |               |   | DURING TH  | E YEAR 2017    |
|--------------------------------|---------------|----|---------------|---|------------|----------------|
| NAIC Group Code 4667           |               | L  | IFE INSURANCI | E | NAIC Compa | any Code 12575 |
|                                |               | 1  | 2             | 3 | 4          | 5              |

|          | DIRECT PREMIUMS  | 1        | 2<br>Credit Life (Group               | 3     | 4          | 5           |
|----------|--|----------|---------------------------------------|-------|------------|-------------|
|          | AND ANNUITY CONSIDERATIONS   | Ordinary | and Individual)                       | Group | Industrial | Total       |
| 1.       | Life insurance   | Ordinary | and individual)                       | Group | แบบรถเสเ   | Total       |
| 2.       | Annuity considerations   |          |                                       |       |            |             |
| 2.<br>3. | Deposit-type contract funds  |          |                                       |       |            |             |
| 3.<br>4. | Other considerations   |          | XXX                                   |       | XXX        |             |
|          | Totals (Sum of Lines 1 to 4)                                       |          |                                       |       |            |             |
| 5.       | DIRECT DIVIDENDS TO POLICYHOLDERS                                  |          |                                       |       |            |             |
|          |  |          |                                       |       |            |             |
|          | Life insurance:  |          |                                       |       |            |             |
|          | 6.1 Paid in cash or left on deposit                                |          |                                       |       |            |             |
|          | 6.2 Applied to pay renewal premiums                                |          |                                       |       |            |             |
|          | 6.3 Applied to provide paid-up additions or shorten                |          |                                       |       |            |             |
|          | the endowment or premium-paying period                             |          |                                       |       |            |             |
|          | 6.5 Totals (sum of Line 6.1 to 6.4)                                |          |                                       |       |            | ·           |
|          | Annuities:   |          |                                       |       |            |             |
|          | 74 D 111 1 1 0 1 2   |          |                                       |       |            |             |
|          |  |          |                                       |       |            |             |
|          | 7.2 Applied to provide paid-up annuities                           |          |                                       |       |            |             |
|          | 7.4 Totals (sum of Lines 7.1 to 7.3)                               |          | · · · · · · · · · · · · · · · · · · · |       |            |             |
| 8.       |  |          |                                       |       |            |             |
| ٥.       | Grand Totals (Lines 6.5 plus 7.4)  DIRECT CLAIMS AND BENEFITS PAID |          | <del></del>                           |       |            |             |
| _        |  |          |                                       |       |            |             |
| 9.       | Death benefits   |          |                                       |       |            | +           |
| 10.      | Matured endowments   |          |                                       |       |            |             |
| 11.      | . ,  |          |                                       |       |            |             |
| 12.      | Surrender values and withdrawals for life contracts                |          |                                       |       |            |             |
| 13.      | Aggregate write-ins for miscellaneous direct claims                |          |                                       |       |            |             |
| 1/       | and benefits paidAll other benefits, except accident and health    |          |                                       |       |            |             |
|          | Totals   |          |                                       |       |            |             |
| 13.      | DETAILS OF WRITE-INS   |          |                                       |       |            |             |
| 1001     |  |          |                                       |       |            |             |
| 1301.    |  |          |                                       |       |            |             |
| 1302.    |  |          |                                       |       |            | -           |
| 1303.    |  |          |                                       |       |            | <del></del> |
|          | Summary of Line 13 from overflow page                              |          |                                       |       |            |             |
| 1399.    | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)            |          |                                       |       |            |             |

|   |     | Ordinani      |                                 | Credit Life       |                    | Group   |      | ndustrial      |      | Total    |
|---|-----|---------------|---------------------------------|-------------------|--------------------|---------|------|----------------|------|----------|
| DIRECT DEATH  | 1   | Ordinary<br>2 | 3                               | and Individual) 4 | 5                  | Group 6 | 7    | ndustrial<br>8 | 9 10 |          |
| BENEFITS AND<br>MATURED<br>ENDOWMENTS<br>INCURRED   | No. | Amount        | No. of Ind.Pols. & Gr. Certifs. | Amount            | No. of<br>Certifs. | Amount  | No.  | Amount         | No.  | Amount   |
| 16. Unpaid December 31, prior year  |     | Amount        | Ocruis.                         | Amount            | Octuis.            | Atmount | 140. | 7 tinodit      | 140. | Alliount |
| Incurred during current year     Settled during current year:     18.1 By payment in full |     |               |                                 |                   |                    |         |      |                |      |          |
| 18.2 By payment on compromised claims 18.3 Totals paid                                    | ,   |               |                                 |                   |                    |         |      |                |      |          |
| 18.4 Reduction by compromise  |     |               |                                 |                   |                    |         |      |                |      |          |
| 18.5 Amount rejected  |     | <u> </u>      |                                 |                   |                    |         |      |                |      |          |
| 19. Unpaid Dec. 31, current year (16+17-18.6)   |     |               |                                 |                   |                    |         |      |                |      |          |
| POLICY EXHIBIT 20. In force December 31, prior  |     |               |                                 |                   | of Policies        |         |      |                |      |          |
| year21. Issued during year  |     |               |                                 | (a)               |                    |         |      |                |      |          |
| 22. Other changes to in force (Net)   |     |               |                                 |                   |                    |         |      |                |      |          |
| 23. In force December 31 of current year  |     |               |                                 | (a)               |                    |         |      |                |      |          |

(a) Includes Individual Credit Life Insurance prior year \$ ......................, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ , current year \$

### **ACCIDENT AND HEALTH INSURANCE**

|      |  | 1               | 2               | 3                  | 4                  | 5             |
|------|--|-----------------|-----------------|--------------------|--------------------|---------------|
|      |  |                 |                 | Dividends Paid Or  |                    |               |
|      |  |                 | Direct Premiums | Credited On Direct |                    | Direct Losses |
|      |  | Direct Premiums | Earned          | Business           | Direct Losses Paid | Incurred      |
| 24.  | Group Policies (b)                                   | 0               | 0               | 0                  | 0                  | 0             |
| 24.1 | Federal Employees Health Benefits Plan               | 0               | 0               | 0                  | 0                  | 0             |
|      | premium (b)  |                 | 0               | ļ <sup>0</sup>     | ļ <sup>0</sup>     | 0             |
|      | Credit (Group and Individual)                        |                 | 0               | 0                  | 0                  | 0             |
|      | Collectively renewable policies (b)                  |                 | 0               | 0                  | 0                  | 0             |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | 3,292,391,006   | 3,569,701,086   | 0                  | 3,079,808,634      | 2,814,765,074 |
|      | Other Individual Policies:                           |                 |                 |                    |                    |               |
| 25.1 | Non-cancelable (b)                                   | 0               | 0               | 0                  | 0                  | 0             |
| 25.2 | Guaranteed renewable (b)                             | 0               | 0               | 0                  | 0                  | 0             |
|      | Non-renewable for stated reasons only (b)            |                 | 0               | 0                  | 0                  | 0             |
|      | Other accident only                                  |                 | 0               | 0                  | 0                  | 0             |
| 25.5 | All other (b)  | 0               | 0               | 0                  | 0                  | 0             |
| 25.6 | Totals (sum of Lines 25.1 to 25.5)                   | 0               | 0               | 0                  | 0                  | 0             |
| 26.  | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,292,391,006   | 3,569,701,086   | 0                  | 3,079,808,634      | 2,814,765,074 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products

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